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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A CASE OF SUCCESSFUL TREATMENT BY PROFESSOR OERTEL'S METHOD.

BY L. CASPER, M. D.,

Of Berlin.

Everybody who has read Prof. Oertel's interesting manual on the therapy of disturbances of the circulation, will have been much struck with his new and entirely original method of treating obesity and deficient compensation of primary and secondary disturbances of the heart's activity. After reading this book, I determined to test the method at the earliest opportunity. The first case which offered appeared to me in so far unsuitable to assist me in forming a personal opinion upon the subject, as that the patient, a man, was almost in extremis, whose vitality, according to my previous experience, was scarcely great enough to afford hope that Oertel's method, the results of which are noticeable only after a certain time, could help him. Remembering, however, that extreme cases are the very ones which justify extreme measures, and in which one must attempt the apparently impossible, if only to have the satisfaction of knowing that no means of help have been left untried, I determined to prescribe a regimen and diet after Oertel, and encouraged the patient to strictly follow the directions, by explaining to him as far as possible the working of the treatment. I not only succeeded in making this clear to him, but also had the satisfaction of seeing the apparently hopeless case soon show signs of improvement and gradually enter upon such a state as made me feel distinctly hopeful that he might live for a long time in quite an endurable condition, always provided he suited his habit of life to his condition, although the real cause of his illness was incurable.

The following is the history of the case: Patient informed me during the first consultation, on October 30, 1884, that he was forty-two years old, had always lived regularly, and taken light physical exercise, could not remember ever having had any serious illness. Two years before, his feet and sexual parts had begun to grow swollen. He had also noticed shortness of breath occasionally. In August of the previous year the difficulty in breathing had increased to such an extent as to oblige him to give up his business. He had then consulted a physician, who had declared his condition the result of an affection of the heart of some time standing, and who had prescribed digitalis in large quantities. The medicine had not eased him; on the contrary, the condition had become worse, the feet and body swelling more, and the difficulty in breathing increasing. The only thing that afforded him any satisfaction was that the appetite continued good. At length, the sleepless nights which he was obliged to pass in a sitting posture, his altogether almost unendurable condition had despairingly driven him to seek medical treatment from other hands.

In answer to my searching inquiries as to the quality of his previous nutriment I was informed that he had not been in the habit of eating much meat and had often drank without being actually thirsty. The patient is a little man, with remarkably long extremities, which led me to conclude that there must be a deformity of the thorax.

His complexion was of a bluish-white; the respiration extremely frequent and superficial, even while in repose; he spoke with great difficulty, and the slightest movement increased the difficulty in breathing. The pulse, which was extremely faint, beat 120 to 130 a minute. Examination showed an important shortening of the thorax by a kyphosis, which it was evident caused great compression of the organs of the chest. An examination of the heart showed an enlargement towards the right side of about four ctm.; there was most probably also an enlargement towards the left, but I could not ascertain it. A stroke was not to be found. The scarcely audible tones sounded dull and indistinct. On the lungs I heard bronchial noises. The boundary of the liver against the lungs had been pushed upwards. The abdomen showed great expansion and fluctuated, and was very much drawn, so that I tried in vain to feel the liver, which must have been very hard and large. The legs showed œdema to above the middle of the thighs. The urine contained a large quantity of albumen, and was very concentrated.

Under such circumstances it appeared highly improbable that a disturbance of the circulation, influenced by the thorax deformity, the heart being quite exhausted, could not be conquered. Digitalis having had no effect, I believe I was right in fearing an approaching end.

Familiarity with Oertel's conception showed me at once what was to be attempted. The blood-vessels must be eased by diminishing the amount of fluid in the body, and the muscles of the heart must be strengthened. With regard to the first, I could, for the present, only lessen the quantity of fluid to be consumed by the patient daily, for a medical sweating cure seemed dangerous, because of the extreme weakness of the heart. Later on, I caused water loss by giving salicylic acid.

As to the second point, the plentiful consumption of albumens must do for the present. Later on, there might be bodily exercise. The prescribed diet was as follows:

	Fluids.	Meats.
6 a. m.	Coffee or milk, ca. 125.0 gramm.	1 egg, 1 roll (ca. 35.0).
9 a. m.		80.0–100.3 meat, 1 roll.
Noon.	125.0 wine.	125.0 meat, a little vegetables (green if possible).
Evening.	250.0 wine.	125.0 meat, 1egg, little bread.

Only in case of extraordinary thirst being felt could 125.0 of light beer be drunk, additionally, during the evening.

The patient determimed to follow the prescription closely, but did not keep within the exact quantity of fluid during the first week. After that, however, he followed my advice with the utmost conscientiousness, and in spite of the torturing thirst experienced at first. His weight as ascertained during the first seven weeks of the treatment was as follows:

Oct. 30th. 70 kilo. (first consultation).

Nov. 5th. 71 kilo. (prescription not closely followed.

Nov. 12th. 70 kilo.

Nov. 20th. 69 kilo.

Nov. 29th. 68 kilo.

Dec. 8th. 67 kilo.

Dec. 15th. 65 kilo. (4.0 salicylic acid).

These figures show that after closely following the prescribed quantity of liquid, the patient lost six kilo within five and a half weeks; the decrease was hastened at last by directly drawing water from him. I used salicylic acid in preference to pilocarpin, which Oertel recommends, simply because the quality of the pilocarpin at hand was not good.

With the decrease in weight the patient's strength increased, until at length he was able, although with difficulty, to take walks. The difficulty in breathing became lessened, so that after two weeks the patient could sleep a few hours in bed. The œdema disappeared. The abdomen became softer, so that the liver could be felt; it was hard, and its edge could be distinctly felt. The quantity of albumen deposited in the urine remained unchanged for a long while. I found no casts. The present condition of the patient, ten weeks after the commencement of the treatment, is as follows: After walking at an ordinary pace a distance of one mile and a half, the patient enters my room, showing no remarkable difficulty of breathing; his face is fresh in color, no longer purple. He draws breath after every eight or ten words, and breathes more fully than formerly. He is much satisfied with his condition, and is specially happy at being able to sleep in a lying posture, without the head being unusually raised. He informs me with joy that his feet are scarcely swollen. The examination shows that the pulsations of the heart are stronger, about ninety throbs to the minute. The heart is still spread towards the right linea sternalis, but gives a palpable throb at the thorax, and distinct although somewhat uncertain tones may be heard. The body is still thick and distended, but the percussion is dull only in the lower parts; fluctuations can no longer be distinctly felt. The liver is still very large and hard, but no smaller than it was; its edge can no longer be felt distinctly. The albumen in the urine is only slight. The dropsy in the feet is still noticeable, but only slightly so.

With this result one object of the treatment, the drawing out of water, I believe, has been almost reached; even part of the second, the strengthening of the heart.

Even the greatest skeptic could not deny that the patient's condition, as contrasted with his former one, is admirable and unlooked-for. To my mind, there is no doubt that the improvement is due to *Oertel's* method. There remains now to obtain the best possible degree of health, by keeping up the regularity in the circulation, and by strengthening the heart as far as possible.

The above case appeared to me interesting enough to justify me in making it public. I am more particularly induced to do so, because I believe that in publishing the successes of a method founded on a deep knowledge of physiology, others might be led to seek a means of cure for other chronic diseases by fitting the habits of life to the conditions of the sick body, that is, by means of hygienic dietic treatment.

Supplement. — Since writing the above about three months have passed. The condition of the patient, who has fairly kept to the manner of life prescribed for him, has greatly improved. The difficulty in breathing is entirely gone. The patient can ascend a pair of stairs with the elasticity of a healthy man. The dimensions of the body have decreased 4.5 ctm. Ascites or anasarca is not perceptible. The pulse beats regularly 84 to 90 times a minute; it is, however, still weak. The liver is still enlarged, but can no longer be felt clearly; only on the left side can a dull edge be felt. The urine contains a slight quantity of albumen. The heart is still spread a little towards the right. Patient feels quite well, and has be enable to attend his business for a long time. His appearance is fresh, and one would not suppose him to be ill. Considering that the original cause of his illness is incurable, I believe one may assert that Oertel's method has achieved everything possible.

In December of last year I had a second case, which I treated on the same principles. Patient, a clergyman, sixty-six years of age, had been sent to me for treatment by Dr. Fiedler, of Dresden. Patient had been scrofulous during childhood, but had experienced no other illness; he was greatly addicted to smoking tobacco, and was a very hearty eater. The consumption of a great deal of salt with his food may have given rise to his drinking much water. His food seems to have been composed mainly of vegetables. He had always been inclined towards obesity.

About two and a half years ago, he had been seized with a so-called asthmatic fit, which had been repeated afterwards, and which had frightened him very much.

A year and a half after the first asthmatic fit his feet had begun to swell.

In January, 1884, patient had a slight apoplectic fit; his speech and the extremities on the right side had been paralyzed, but only for a short while. In consequence of these disturbances, which had been set down to heart disease, the patient had been obliged in October, 1884, to give up the pastorship.

This patient, like the first one, was in a very bad state when I first saw him. A large quantity of water had gathered under the skin and in the abdomen; obesity was no longer noticeable; anæmia was great. Patient breathed with exceedingly great difficulty, and his pulse beat very irregularly—about 120 times a minute—very faintly, and stopping at times. In the urine, fully one-fourth of albumen was found. The heart was enlarged in all directions. As the patient had always found quick, although transient relief from digitalis, I continued it, with the result that he passed more urine and the action of the heart became more regular, and the appetite improved; but the dropsy would not decrease.

On the 6th of January, I began with the following diet:

a. Fluids. Morning—tea, 100.0; milk, 25.0; sugar, 5.0. Noon, one hour before eating, 50.0 of sherry wine. Afternoon—coffee, 100.0; milk, 25.0; sugar, 5.0. Evening—wine, 100.0; water, 60.0 to 100.0.

b. Meats. Morning—roll, 35.0; raw meat, chopped finely, 80.0; two soft-boiled eggs. Noon—meat, 150.0; vegetables, 100.0; fruit, 50.0. Afternoon—one egg, soft boiled. Evening—two eggs, broiled meat (cold), 80.0; roll (no butter if possible), 50.0.

I advised the patient to walk as much as possible in the open air. This treatment resulted so favorably that at the present time the patient is not only well, but his appearance is much younger than his age would warrant. No œdema is anywhere to be seen; the urine is free from albumen; there is no longer difficulty of breathing, and his weight is now proportionate to his height. The course of the decrease was as follows:

Jan. 6th. 140 pounds.
Jan. 12th. 135 pounds.
Jan. 18th. 130 pounds.
Jan. 21st. 125½ pounds.
Jan. 28th. 124 pounds.
Feb. 3d. 120 pounds.

The weight has continued at this figure, while the strength has increased. In this case, digitalis, as symptomaticum, did me excellent service at first, but the real merit for having brought about the normal circulation, can be ascribed only to the dietetic treatment.

In both these cases, the result is remarkably and specially happy. There can be no doubt that the heart cannot be excluded from sharing in the general improvement, and therefore I can distinctly hope that both patients will be spared any further disturbances by the disease.

A LOOP AND KNOT CONSTRICTOR FURNISHING CONTINUOUS SPRING TENSION.*

(SERRE-NOEUD À SERRAGE CONTINU.)

BY F. FORNÉ, M. D.,
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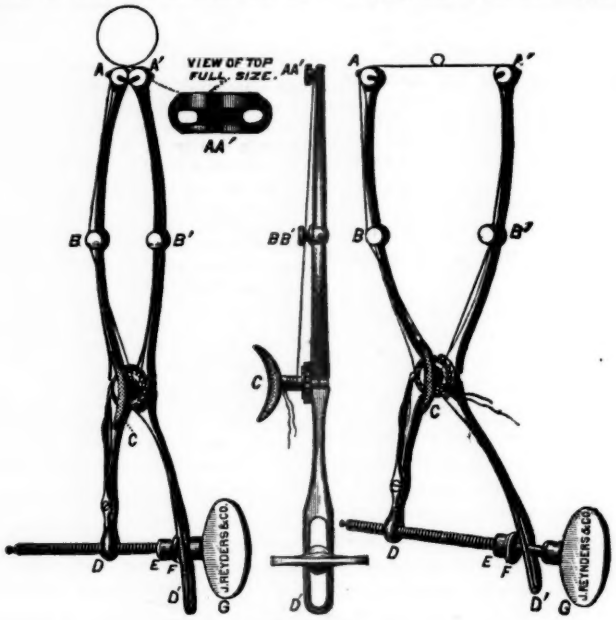
OBSERVATIONS UPON A TRUE SERRE-NOEUD.

Although it seems difficult to confound a loop with a single knot, it has occurred with surgeons and manufacturers of surgical instruments to apply the name of serre-noeud to instruments drawing the fag-ends of loops. This is the case with the sham serre-noeuds of Levret, of Desault, of Charière, of Broca, of Ricord, of Koeberlé, of Cintrat, of Wilde, etc., as none of these instruments, by continuous spring tension or constriction, reduce the size of a loop or a single knot.

DIRECTIONS FOR USING.

A tumor, or any tissues that can be pedicled, is surrounded by the loop, the ends of a cord are crossed and passed one above the other and pulled in opposite ways, so as to form a single knot. This is the knot which is to be tightened.

To gain this result we first pass the ends of the knot through the rings AA′, then over the grooved blocks BB′, and belay them to the cleat windlass C. This fastening is performed in the following manner: The fag-ends are brought together at the right side of the neck of the cleat-windlass, around which they are rolled once or twice, after which we wind the ends back and forth, figure of



DESCRIPTION.

A A′—Rings through which are passed the fag-ends of a constricting cord or pliable wire, previously adjusted around the tissues as a loop or as a single knot.

B B′—Grooved circular blocks for separating the fag-ends of the constricting loop or knot, and for facilitating their passage.

C—Cleat windlass for belaying and rolling up the fag-ends of the constricting cord or wire.

D—Screw-nut.

D′—Fenestrated arm; distance between it and the screw-nut is increased or diminished by the key-headed screw *G E*.

E—Fixed projecting bevel, separating the screw-part from the smooth part of the screw and serving as support for the movable disk *F*.

F—Movable disk upon the smooth part of the screw; this disk is pressed between the projecting bevel *E* and the internal edges of the fenestrated arm *D′* when increasing the distance between the arms; it serves for lessening the friction against the interior edges of the fenestra.

G—Key-head of the screw, the lowest part of which presses against the external edges of the fenestrated arm *D′* when bringing the arms of the instrument together.

R—Spring-catch, fixed with a screw to branch bearing screw-nut, pressing in the form of a click into the cogs of a ratchet-wheel.

*Presented before the New York County Medical Association, October 19, 1885.

8 fashion, around the two arms of the cleat, and at last tie them by half an inverted hitch. The instrument is then fitted and ready for producing the effect desired. To make it work, it is sufficient to turn the keyed screw in the direction of the hands of a watch, from left to right, a movement which results in separating the blades, and consequently in tightening the knot.

We will observe that the first effect of turning the keyed screw is to increase the curvature of the arms of the instrument, which, like strung bows, endeavor constantly to straighten, and consequently create a continuous tension upon the opposite ends of the knot.

When the pedicle, which is to be constricted, is voluminous, a single movement for separating the branches is insufficient to produce the necessary constriction; in this case it will be necessary to bring the branches back in contact by reversing the turnings of the keyed screw, by turning the key in a manner opposite to the movement of the hands of a watch, from right to left. This movement having slackened the fag-ends of the constricting cord, they have to be tightened again by turning the cleat-windlass; this manœuvre results in rolling up the portion slackened.

These manœuvres of the keyed screw and of the cleat-windlass are renewed as many times as it is found necessary to attain the result desired, simple temporary constriction or ligating tissues for removal.

The single knot, instead of being made upon the tumor, as we have just described, can also be formed and fastened upon the instrument. In this proceeding it suffices to pass the tumor through the constricting loop or knot, and then several turns to the cleat-windlass will adjust the serre-noeud ready for use.

Furthermore, the single knot, instead of being arranged horizontally, *i. e.*, in a line with the arms of the instrument, as shown in the figures, can also be arranged vertically, *i. e.*, in a line perpendicular to the arms of the instrument. In this case, the fag-ends of the knot, instead of being passed through the rings AA′, are introduced through the tunneled passages, also situated in the terminal ends of the branches, beginning in the centre of the anterior surface and ending in the inferior surface of the terminal ends.

Finally, as the true serre-noeud, described above, will fully accomplish the purposes of the sham serre-noeuds (drawing the fag-ends of simple loops), it will readily replace most of the latter.

This instrument has been manufactured for me by Messrs. John Reynders & Co., of No. 303 Fourth Avenue, New York City.

New York, July 6, 1885.

MORAL INSANITY AND INEBRIETY.

BY T. D. CROTHERS, M. D.,
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To any one who studies inebriety as he would typhoid fever or tuberculosis, it is a constant wonder why this most fascinating field of medical research should be left to reformers and quacks; why the average medical man should accept the theory of depravity, or half vice and half disease, when a few moments' observation would disprove either. Why this subject of inebriety should not be taken up by physicians, and made a medical study as much so as any other brain and nerve disease, is equally a wonder. Not long ago an inebriate was on trial for criminal assault and murder. To a hypothetical question which embodied all the leading facts of the prisoner's life, three most excellent physicians testified that he was sane and fully responsible. He was sent to prison and was pardoned, and finally died from injuries received in an assault. A physician who still believes in the vice theory called my attention to this case as an illustration of his view. The following are the facts which are conceded to be true by those who knew him well:

John B. was the only son of a clergyman, who was in good health, and a man of clear, strong mind, living a quiet, consistent life, free from all excesses. His wife, the mother of John B., was a literary woman, and wrote many famous hymns, was in good health, and a very devoted Christian. Her parents were neurotics, and insanity and great eccentricity had appeared in many members. No history of heredity was obtained in the father's case. John B.'s infancy and childhood were not marked by any event of note. His parents intended him for the ministry, and all his education and training were turned in this direction. He seemed to have a taste for religious themes, united with the church when only eleven years old, and both exhorted and prayed in public. At fifteen he entered college, and was a most exemplary young man in every respect. The next year he had an attack of typhoid fever, and was delirious for some time. The convalescence was slow, and extended over four months, when suddenly he committed a criminal assault on the servant girl, who was cleaning his room. To avoid the consequences of this crime, he went West to live with his uncle. Here he consorted with the lowest

characters, and was intoxicated for the first time. Then he gave up all study for the ministry, and went to a commercial college. Here he was regarded as of bright intellect, but licentious, boastful, and very untruthful. Later, he became a commercial traveler, and exhibited great energy and tact in business, but was so thoroughly unscrupulous and untruthful that he was soon discharged.

When twenty-three years of age, he was treated for rheumatic fever at home by a physician who described him as a reckless, dissipated, fast man. He was immoral at all times and occasions, and drank irregularly to excess—seemingly dependent on circumstances—would sign the pledge and promise to abstain with great earnestness any time, and when he broke it, would give most plausible reasons and excuses for this act. He was boastful, and seemed without any gratitude to his parents; was secretive and treacherous in little things, and intensely selfish and unreasonable.

After recovery, he stole a sum of money and watch from his father and ran away. He was next heard from in a traveling circus, was arrested for swindling, and served three months in jail. Here he professed a change of heart, and was given a position in a business house, from which he stole goods, and finally ran away. The next five years no special history could be obtained; but in all probability most of this time was spent in jail for assaults and thefts. He came home, was very repentant, united with the church, then drank to excess and consorted with the lowest characters; was arrested for assault and escaped from the officer by knocking him down. From this time on, until he was arrested as an accessory in a murder, a period of six years, he was often in jail for drunkenness, swindling, and assaults. He drank at times to great excess; was a bar-keeper and runner for a low hotel; was always engaged in low swindling, and at times displayed great acuteness, then seemed an imbecile in conduct and character. He committed assaults without purpose or motive, and never seemed to realize any considerations of right and wrong. Was fawning, obsequious, and treacherous to every one, likely any moment to assault or take advantage of those who were nearest to him, and was treated severely by the low classes he associated with. His father disowned him, but his mother secretly gave him aid, although he continuously took advantage of every effort she made in his behalf.

Finally he became involved in a brawl in which a murder was committed, and was defended on the ground of insanity. The testimony of the jail physician and two other medical men who examined him in prison was unanimous in the following particulars: In looks and actions he was that of an imbecile. His conversation, while not marked by any particular delusions, showed a marked paralysis of every idea of right or wrong. His memory was bad, and no two statements of any event in his past agreed. He was obviously incapable of telling the truth, and did not realize the effect of his statements on his case. At one time he boasted of some very outrageous act in which he was the leader, and escaped, then he would complain of some injustice of others, and his methods of revenge. The violence of his sexual appetite was apparent in his constant boasts of forced intercourse with women. He considered every one dishonest, treacherous, and licentious, and was without any motive or purpose for the future. He considered himself the most expert "crook," as he termed it, in the world, and was indifferent about receiving help from his parents or any one. Had no anxiety about the result of his trial, was sure he would escape and outwit his pursuers. Considered himself perfectly sane, and talked freely to any one, telling all sorts of falsehoods, as damaging to himself as to others. He spent his time reading novels, but seldom wrote or talked of what he read. He seemed to drink at times to great excess, and then abstained, from no particular reason or cause. He was anæmic, with an irregular appetite, and an imbecile, stolid manner, and trembling, hesitating walk. These were some of the many facts upon which the insanity of the prisoner was based. The medical men on the side of the prosecution testified to the prisoner's full responsibility and sanity, and he was convicted and sentenced for five years to prison.

Two years later, marked symptoms of imbecility and tuberculosis appeared, and he was pardoned, going home to his parents to die. Six weeks later he ran away drunk, and was severely injured in a brawl, from which he died in a hospital. Thus ended a case that was called low drunkenness and vicious depravity.

The sudden outburst of the sexual appetite, and excessive use of spirits following convalescence from typhoid fever, indicated unmistakably some organic change in the brain centres. A moral paralysis of the higher centres began and went on steadily up to death from this time. Some latent neurosis was inherited, which the injury from typhoid developed into a moral degen-

eration, following a physiological order of events, in which most all brain disorders begin in moral decline and failure. Here the moral failure and disease remained prominent until death, while the intellectual and physical seemed to suffer but little; illustrating the fact so often noticed, that the highest and latest organized parts of the brain are the first to undergo dissolution, or be impaired from disease. If to this higher degeneration is added the direct physical injury from the chemical action of alcohol, the physiological and pathological nature of disease can not be mistaken.

In this case a marked form of inebriety was developed with the moral palsy, which continued to be prominent at intervals, and was supposed to be the real cause from which all his depravity came. A young man of most excellent training and character up to a certain time, suddenly becomes immoral and drunken, and from this time to death follows a course of conduct so utterly at variance with all sanity, and without plan or purpose, that it seems impossible for any physicians acquainted with these facts to pronounce such a case sane and responsible.

The apparent intelligence and comprehension of the surroundings, and sane reasonings on all ordinary subjects, are only partial symptoms of sanity. This man was intelligent, talked sanely, and seemed to understand his surroundings, and yet his conduct was most emphatically insane.

Dr. Tuke remarks in a late number of the *Journal of Mental Science*, in recording a similar case, "that such a man is a reversion to an old savage type, and is born by accident in the wrong century."

Dr. Clauston affirms: "I have no hesitation in saying that a man who has up to that time been moral and conscientious, and obeyed in his conduct the laws and social observances, has, from disease, lost his moral sense while he retained his intelligence and reasoning power, having no depression or mental exaltation, and in consequence of his diseased moral condition, spoke and acted immorally."*

Dr. Clauston also believes that such cases can be restored and cured. Physicians who are called to decide upon such cases should lay aside all theological and metaphysical theories of human depravity, and inquire the meaning of all the facts together and draw no conclusions not fully sustained by all the facts of the history. It may be difficult in some cases to make the nature of the disease clear to others, and yet the physician may be positive he is dealing with a diseased mind, and should stand firmly by his convictions.

These moral palsies are very common among inebriates, and open up many fields where the most delicate questions of medico-legal interest must be met and determined. Had this case been recognized and placed under restraint at the start a complete restoration might have been effected.

*See Clinical Questions on Mental Diseases by T. S. Clauston, M. D., p. 255., Lea Brothers, publishers.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF DR. WM. PEPPER.

(*Concluded from page* 563.)

Sclerosis of the Spinal Cord.

There are three forms of sclerosis of the spinal cord. 1. Sclerosis of the lateral columns or antero-lateral sclerosis, in connection with which we may have implication of the gray matter involving the nerve-cells and atrophy. 2. When the sclerosis is not limited to one side, but is dotted about in patches, sometimes extending into the brain, which we call disseminated or insular sclerosis. 3. Posterior sclerosis or locomotor ataxia. Sclerosis is an affection in which the nerve substance breaks down and atrophies, while there is an overgrowth of the connective-tissue. The sclerosed parts are grayish, somewhat translucent and smaller than normal. The causes are prolonged exposure to wet and cold, overtaxing of the nervous, particularly of the spinal system, excesses in venery, and syphilis. The latter is more especially, but not by any means an essential cause of posterior sclerosis. Progressive neuritis is a cause. The peripheral nerves of the leg may become inflamed, and this inflammation will slowly creep up along the course of the nerves until it reaches and implicates the cord. The symptoms of lateral sclerosis are progressive partial loss of power, not complete palsy; muscular tremors, particularly when the muscles are called into action, with twitchings and tendency to contraction. The reflexes are increased. Electro-muscular irritability is increased, while ordinary sensation, as a rule, is not affected. There is a spastic gait, more or less of a rebound in walking, the leg is carried in a rigid way, and when both sides are affected there is a remarkable peculiar rigidity. No pain, neither darting, nor is there the girdle sensation. The patient can walk as well with the eyes shut as with them open; this is a point about which we must be very careful or we will deceive ourselves. Almost any one, particularly if he possesses a nervous temperament, will be apt to walk somewhat unsteadily when asked to do so with his eyes shut, before a whole room full of students. When this condition extends into the gray matter we will have muscular atrophy. It not rarely involves the bulb, and we have associated symptoms of the glosso labio-pharyngeal type, difficulty in swallowing, etc., and it may

finally involve the brain. There is a tendency in this disease to steadily and slowly progress, and it may go from one side to the other. The senses are usually unimpaired. In insular or disseminated sclerosis, the patches may be scattered through the cord alone or the brain alone, but both are usually involved, and we have the so-called cerebro-spinal sclerosis. The causes are the same as for the lateral, and the morbid anatomy is similar. It begins gradually; there is a tendency to muscular tremor and irregular muscular action, but not true ataxia. Sensation is usually unimpaired. There is no pain and no girdle. The reflexes and electro-muscular excitability are increased. If there is a tendency to involve the cerebral centres (usually the case) memory fails, the mind becomes affected, there are delusions. From time to time there will be acute exacerbations, presenting the symptoms of cerebral congestion or almost those of apoplexy. There will be high fever for a few days, and these attacks subsiding, will leave the patient worse than he was before. They indicate the involvement of fresh centres. These cases can also walk with their eyes closed.

This man, for six days, had a full feeling in the head. He is 33 years old, married at 19 and has five children. No history of syphilis, but seven years ago he had a fall. His gait is failing, he watches the ground when walking, though there is not much true ataxia. At the beginning of his illness there was numbness of the hands and feet; his eyesight is failing; he can read, but his eyes become very soon tired. The reflexes are increased. His appetite is good, he sleeps well and his urine is normal. The head trouble preceded that with the legs. At times he has vertigo, vision was at first double, and then indistinct; he has had these exacerbations, and is always worse after them. There is no failure of memory, and his hearing is normal. He is easily excited. If he hurries he cannot accomplish anything; this holds good even with eating. His arms and legs are tremulous, more marked in the legs. The pupils are equal, and react normally; muscular excitability is normal to galvanism, but a little impaired to the Faradaic current. There is a very slight impairment of cutaneous sensibility. There is a partial atrophy of the optic nerve and contraction of the field of vision. The symptoms are more irregular in this form than in pure lateral sclerosis. Some islets in the posterior column and in the brain may be affected, and we have diminution of sensibility and cerebral symptoms. Posterior sclerosis or locomotor ataxia has the same causes as the forms just described; but venereal excess has a pre-eminent place in the etiology of this type. There is often a pre-ataxic stage, in which the symptoms are those of irritation. There may be violent headache, acute gastric crises, unexplainable vomiting, etc., disturbed sleep and impaired energy. The patient will then complain of fugitive pains, darting from point to point, but without any inflammation in the part, they go away and come elsewhere. There may be some true rheumatism. Then comes numbness and tingling in the legs; the soles of the feet are affected; the ground is not solid; the patient feels as though he were walking on cotton, soft carpet, or air. Sensation is really impaired. It may be irregularly diminished, affecting the whole foot or only spots here and there in the limb. There is usually a girdle or sensation of binding about the waist, and now ataxia sets in. There is manifest incoördination of muscular movements; the strength may be very great, but the gait and actions will be marked by irregular, incontrollable movements. This is not a paralysis, not as much so as in the other types, but the posterior columns that carry sensations and serve as stimuli for the promulgation of orders are diseased, sensations are transmitted irregularly, and orders are sent out irregularly, and the muscles contract and reflex wrongly. Soon the patient will use a cane and will watch his feet, not deriving proper information from the sentient nerves. He falls when he shuts his eyes. Sometimes the first intimation that one will have of the onset of this disease, is finding that he cannot walk well after dark. This sclerosis follows the posterior columns upwards and from the lower extremities ascends to the arms, and finally to the brain, and we have diplopia, amaurosis, and changes in the optic nerve. The bladder often suffers, and there may be retention or incontinence of urine. The expressive power of the rectum may be impaired, though there is not usually much wasting of the muscular system. Electro-muscular excitability is diminished, as are also the reflexes. From time to time there are acute exacerbations as in the other types with like results.

This man, aged 54, a carpenter, has a good history. For five years he had stabbing pains in the legs and back, and he has the girdle sensation. He has trouble in walking in the dark, especially over rough places. His sexual desire is diminished. The pupils do not react properly to light. Sensibility is good, but the patella reflex is completely abolished. This man is in the early stage, and the disease is progressing very slowly. This disease may run its course in two or three years, and it may last for twenty or more. This man walks very well; he sways a little when his eyes are shut. The absence of patella reflex must not be accepted as proof positive of posterior sclerosis, though it is a very important symptom. Dr. Pepper has seen a case where it was entirely abolished, but a winter in Florida restored it completely. It may be produced by functional trouble caused by too much alcohol or tobacco. But its importance is very great when it is connected with other symptoms as in this case. The prognosis in all these types is exceedingly unfavorable. The progress is nearly always slow, but it is sure. In some cases the disease seems to be arrested, at least in the posterior and lateral forms. When it is well marked, the most that we can hope for is palliation. Rest, absolute rest in bed, is a powerful agent to check progress. Keep the patient in bed for sixty or ninety days. He must avoid exertion, excitement, or fatigue. It is difficult to enforce strict discipline, it chafes, because of the long duration of the disease. Avoid draughts, damps, and cold. If syphilis be suspected as a cause, anti-specific treatment must be vigorously pushed. The iodide of potassium must be given in large doses, ten to thirty grains four times daily. If it does not do good, stop it. Nitrate of silver will exert a positive influence over the pains. Chloride of gold has been recommended,

but Dr. Pepper pins very little faith to it. Alkalies have been claimed to produce absorption, but he has not found them to do any good. Counter-irritation is useful, and Dr. Pepper prefers the actual cautery, applied over the sciatic or gluteal nerve, or the base of the brain, as each part may be supposed to be the most affected. Where there is a persistent tendency to contraction or severe pain near a nerve trunk, Dr. Pepper intends to resort to nerve-stretching. Manipulation, friction, and electricity should all be tried. Of the latter we should employ a slow, moderate, interrupted Faradaic current. We may use various devices to aid walking, as a crutch with a band from the arm to the foot, etc. Where there is atrophy of the muscles, the prognosis is yet more unfavorable, and the case usually progresses more rapidly.

MEDICO-CHIRURGICAL COLLEGE.

SURGICAL CLINIC OF PROF. J. E. GARRETSON, M. D.

Reported by THEODORE STANLEY, M. D.,

Resident Physician Medico-Chirurgical Hospital.

Case 1. Anchylosis, Artificial Joint.

Patient a deaf mute, aged 35. Had scarlet fever when five years old, with the sequel of an arthritis of right tempero-maxillary articulation, which resulted in disorganization of the part, and a consequent fixed osseous anchylosis. The teeth in the case were absolutely locked in direct apposition, and the patient had not opened the mouth or in any way moved the lower jaw for a period of thirty years. The incisors of both maxillæ had been removed with a view to the introduction of food into the oral cavity.

Satisfactory proof having been furnished the class as to the osseous fixation of the joint, every effort made to move the jaw while the patient was under ether failing, an operation, which has resulted in a complete success, was performed, the steps being as follows:

1. An incision two inches in length was made around the lower border of the angle of the jaw, the line of cut being upon the neck rather than upon the face.

2. The masseter muscle was dissected from the bone.

3. Retractors were used to pull and hold away the soft parts.

4. The periosteum thus exposed was removed by means of a raspatory to the extent of an inch below, and after a triangular shape above.

5. The bone thus shown was taken away to the extent of the removed periosteum, this last performance being effected by means of an oblong bur of an inch in length, revolved by the surgical engine.

Upon the completion of the bone section, the mouth was opened to its full extent, the opposite articulation being found perfect after all the years of quietude, a matter which excited considerable surprise.

The integuments being replaced and stitched in place, repair was very rapid, the patient being shown at a succeeding clinic with very slight evidence of scar. Kolbe's jaw dilator, an instrument highly valued by Dr. Garretson, is kept in daily use by the patient, with a view to maintaining the false joint.

Case 2. Osteo-fibroma. Disarticulation of Lower Jaw.

Patient a vigorous middle-aged man, temperament decidedly sanguine. The disease, which disparted his lower jaw, and which had obtained a circumference of some eleven inches, was said to have commenced two years back, and to have gradually attained its present bulk, little inconvenience being experienced, save from unsightliness of the tumor, and a discharge which bathed the cheek with pus, this latter being the result of an operation performed earlier.

Increase of enlargement of the growth, combined with inability on the part of the patient to procure employment because of his deformity, resulted in the performance of a radical operation, which was done before the class at the usual Saturday clinic, October 3.

Etherization being secured, the lip was opened at the exact middle line, while, meeting the vertical cut, was a second one, made along the shade line below the jaw, which extended from the chin to the ear. The vascularity of the parts being great, some dozen ligatures were required for the control of hemorrhage. All bleeding vessels secured, a succeeding step consisted in detaching the cheek and neck tissues from the bone, a performance which necessitated the use of many more ligatures, together with the necessary loss of much blood.

The jaw and external face of the tumor, thus exposed from the symphysis to the sigmoid notch, a circular saw revolved by the engine with a velocity of ten thousand revolutions to the minute, was brought into requisition, division of the bone at the mental region being effected in a moment.

Following this came the separation of the jaw from its oral attachments, and its disarticulation from the glenoid fossa, a performance attended, as would be expected, with free hemorrhage, the control of which required large manipulative tact to prevent the man being drowned by his own blood.

The bone and tumor being turned out as far as the angle of the jaw, the pterygoid muscle was exposed and cut, the detachment allowing of approach to the articulation, the severing of the second pterygoid and the temporal tendon, and the opening of the articulation, or of what remained of it.

In the performance of the last steps of the manipulations, the scalpel was discarded almost entirely for a chisel-shaped knife, such an instrument being best adapted to avoidance of injury to the internal maxillary and internal carotid arteries.

The jaw being away and all hemorrhage controlled, the parts were freely washed with phenol sodique diluted about half and half with water. The integuments being allowed to lie exposed for a few minutes, were later brought together by means of pins and stitches of the interrupted suture, and after being carefully supported by steeped compresses, a Barton bandage was applied, and the patient carried on a stretcher to his bed.

The after-treatment, which was faithfully kept up, consisted in the use of sponge compresses fully saturated with undiluted phenol, and the free washing of the mouth by means of a syringe. The fluid used was phenol diluted with two-thirds water. The number of washings was at least a dozen daily.

Saturday, October 10, the patient walked from the ward to the amphitheatre on an upper floor, and exhibited himself to the class with all pins and stitches away, and with a healing of the wound which had been so absolutely by first intention as to leave him without observable scar. From the 10th, to the date of this writing, the 15th, the man goes about the place as though nothing had been the matter with him. On the coming Saturday he will be allowed to go to his home.

It might be added that two of the pins were removed from the lip on the day succeeding the operation, two on the next day, and that all sutures were away by the end of the fourth day.

Case 3. Removal of Superior Maxilla, Turbinated, Nasal, Lachrymal, and Box of Ethmoid Bone at One Operation.

This operation was practiced on an old man whose disease was carcinoma. The parts being uncovered by a double incision, the first reaching from the position of the frontal sinus down along the side of the nose and through the superior lip, and the second along the inferior orbital border, outward to the molar bone, the surgical saw was brought into requisition and sections made of all articular attachments of the jaw, which bone was then lifted from its place by means of the ordidary Sims' forceps. Second, hemorrhage from the bed of the bone was controlled by use of ligatures and the pack, the head of the patient being placed in such position as to avoid entrance of the blood into his throat. Third, exploration revealing implication by the disease of the other bones named above, these were taken away one after the other by burring and sawing with the instruments of the engine case.

Hemorrhage in this last case, as in the one immediately previously described was very profuse, but so rapid was the recovery of the patient that in two weeks he was able to leave the hospital for his home, in a distant county of the State.

Case 4. Carcinoma of Neck. Removal of Deep Cervical Glands.

This patient was a man forty-five years old. The glands involved occupied space in both the anterior and posterior superior cervical triangles, and were overlaid by the sterno-cleido mastoid muscle. The operation performed consisted in an incision four inches in length, made lengthwise of the neck along the middle line of the muscle named. To get at the different glands the muscle was first so cleared of its neighboring relations as to allow of being pushed back, thus permitting of approach to the anterior diseased bodies and their removal from a position occupied between the great cornea of the hyoid bone in front and the carotid vessels back. This accomplished, the muscle was detached behind, and being drawn forward by means of retractors, the posterior glands were dissected away, the removal exposing certain of the transverse processes of the cervical vertebræ. A conclusion to the operation consisted in carefully correcting all hemorrhage and in bringing the integuments back into place by means of sutures made of gilling twine. Support is given by Dr. Garretson to wounds of this kind by the use of strip compresses thoroughly soaked with phenol, which are applied on either side of the line of the cut, but which never cover it.

This patient made a rapid recovery, his wound healing by immediate union.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday October 1, 1885, the president, B. F. Baer, M. D., in the chair.

Dr. Wharton Sinkler read a paper on

The Different Forms of Paralysis Met with in Young Children.

The most frequently met form is infantile spinal paralysis, or *polio-myelitis anterior*. This term indicates the pathology of the disease, which is an inflammation of the nerve cells of the anterior horns of white matter of the spinal cord. This affection may come on at any period of life, but is generally seen in children, and usually at the age of two years. The children are generally strong and apparently healthy, and the paralysis is sudden in its onset. Fully two-thirds of the cases I have seen have been attacked in the summer months, hot weather and teething seeming to be predisposing agents. Dr. Barton, of Manchester, Eng., reports that of fifty-three cases in which he noted the time of onset, twenty-seven occurred in July and August. The attack is preceded by fever of greater or less intensity, with pain in the head and limbs, with general soreness when moved or lifted. After a few days, paralysis more or less complete occurs, but in a few days a regression of the paralysis from some of the affected parts occurs. Sensation is undisturbed. Atrophy of the muscles is soon apparent, in fact the paralyzed portion stops growing for a time. The temperature of the affected portion is low, and the skin is blue and mottled, but there is no tendency to ulceration, and wounds or scratches heal readily. The skin and tendon reflexes are lowered or abolished in the affected limbs. At first, response to the faradic current is lost, and later on the galvanic current produces but little muscular contraction, except when a powerful current is used. When atrophy has set in, the reaction of degeneration is seen. Most of the cases of club-foot are the result of infantile palsy. Deformities of the upper extremities are rare; this disease differing in this respect from cerebral palsies. The exact causes of infantile palsies are unknown. Over-fatigue often precedes an attack; sudden chilling is considered by Seguin to be a frequent cause.

The *prognosis* as to perfect recovery is only moderately good. In many cases the most faithful treatment fails to restore the paralyzed muscles, but in almost every case we can expect more or less improvement.

In the early stages of the paralysis, after the subsidence of the fever, the treatment should

consist of mild stimulation to the spine; ergot and small doses of bromide of potassium should be given internally. Later in the disease, iodide of potassium should be given instead of the bromide. When the palsy is established, electricity and massage are the means to be depended upon. They must be persisted in for months, or even for years. Internal treatment is of little or no value unless there is some failure in the general health of the child.

Spasmodic Paralysis, as seen in children, is of two varieties: when of primary spinal origin, or when there is a descending degeneration of the cord from a primary cerebral lesion. Sometimes there seems to be a congenital defect in the motor tracts of both brain and cord. In the spinal variety, there is often seen, soon after birth, rigidity of the limbs; at first this is only occasional, but as the child gets older, every effort to move a limb causes muscular rigidity in it. The child does not attempt to walk until three or four years of age. Then when it is supported under the arms, and it tries to stand or to walk, the movements are very peculiar and characteristic. The feet are extended and inverted, so that the child rests on the toes. The knees are strongly adducted and lock together, so that the legs become entangled. By degrees the child becomes able to walk with the aid of apparatus or some form of crutch. The hands and arms are often affected, and every effort causes muscular rigidity to come on. The mind is unaffected in these cases, and the speech may be distinct, although it is often very defective. Sensation is unimpaired, and the patella reflex and ankle clonus are exaggerated. There is no wasting of the muscles. By these symptoms we infer that the disease is localized in the lateral columns; but exactly what is the nature of the lesion we do not know, for no post-mortem examinations have been made in these cases. The cause is unknown. Hamilton found three of seven cases which he had collected were premature births. Adherent and contracted prepuce has been thought by some to be caused by reflex influence of the spasmodic paralysis, but operation has not given relief. The treatment should consist of massage, galvanism to the spine, ergot, and cod-liver oil. Fluid extract of conium may be given to allay spasm. In some cases great improvement follows this treatment. Even when we can do no positive good to the limbs, very much can be effected by the aid of apparatus. Properly adjusted braces to the legs will enable a child to walk on crutches, or in a Durrach wheel crutch.

There is a form of spasmodic spinal paralysis in which the child is imbecile. In these cases there has been probably congenital defect in cerebral development. The head is small, and there is no evidence of intellect; often mystagmus is present.

Paralysis from Pott's Disease.—Paralysis of lower extremities may result from caries of the spine. The lesion may be either a meningitis or a myelitis. If meningitis alone, there is considerable pain and contraction of the legs. Generally there is a transverse myelitis. The symptoms are numbness and pricking of the legs, with loss of sensation; gradually increasing loss of power with wasting of the muscles; incontinence of fæces, with retention or incontinence of urine. Sometimes there are ulcers over the sacrum or on the limbs.

The indications for treatment are evident. An apparatus which will take the weight of the body from the spine is necessary, and is sometimes sufficient of itself. Frequently, however, the application of the actual cautery over the spine brings improvement in the symptoms when an apparatus has done no good. Massage and electricity should be used to restore the atrophied muscles.

Paralysis from Rachitis and Diphtheria is seldom complete. The former is often spoken of as the pseudo-palsy of rickets. Negro children, who are very subject to rachitis in cities, often have rachitic paralysis. The child at three or four years is unable to walk or stand. Sometimes it has not sufficient muscular development to sit upright. It can move every limb, and has no loss of sensation, but has no power. Cod-liver oil and massage bring about the most satisfactory results in these cases. *Diphtheritic paralysis* usually begins in the muscles of the soft palate and pharynx, and extends to the extremities. It is generally bilateral and incomplete, but I have seen a case in which it was hemiplegic. It is considered peripheral in character, and is believed by some to be connected with the altered condition of the blood consequent on the original attack. Diphtheritic paralysis is rarely fatal, and lasts in most cases only a few weeks, although it may continue for months. Strychnia and electricity are the means to be employed, and the case usually responds promptly to these remedies.

Pseudo-Hypertrophic Paralysis is a rare affection, but is of much interest. The disease belongs almost exclusively to infancy. It is characterized by muscular paralysis, with great increase in the bulk of the muscles. This enlargement is due to fatty deposit, while the muscular tissue proper is atrophied. The affection begins with weakness of the legs, a peculiar balancing of the trunk, and separation of the legs in walking. The shoulders are thrown far back in standing and walking. There is great difficulty in getting from the sitting to a standing position. Later in the disease the muscles become wasted and shrunken, and the general health begins to suffer. Death results from implication of the respiratory muscles. The skin is mottled like a piece of Castile soap. The tendon reflexes are abolished, and electro-muscular contractility is impaired. There is often a greater or less amount of mental weakness. There is no loss of power over the bladder or rectum, and sensation is not affected. Heredity influences the disease, which is slow in its progress, but the course is steadily downward.

Freiderick's Disease is still more rare than the preceding. It is practically locomotor ataxia in childhood. There is evidenced here also a hereditary predisposition, and the female children seem most liable.

Cerebral Palsies.—Hemiplegia may result from some injury at the time of birth, either from the forceps or from the pressure of a prolonged labor. A child may be born hemiplegic after a perfectly natural and easy labor. Under these circumstances we must regard the paralysis as the result of imperfect cerebral development. Hemiplegia, under these circumstances, is generally permanent. The side affected grows less rapidly than the other. The flexions of the arm and hand are usually contracted. The leg becomes rigid in the

act of walking. Convulsion is almost always associated with cerebral paralysis, either immediately preceding the attack or occurring soon after. The convulsive movements are most violent on the side which is subsequently paralyzed. The child will have an idiotic expression, and speak indistinctly, but their friends think them intelligent. The convulsions are liable to return when the child is older, and then assume an epileptic form. The walk is peculiar, and is called the *spastic* gait. The patient plods along looking as if he were about to pitch forward. The affected limbs are smaller and shorter, the growth of both bone and muscle being affected. In the choreic variety, where the arm is in constant motion, the muscles may become hypertrophied, but the bone remains short.

Prognoses.—As a rule, the prospect of recovery is bad; even if the patient gets well, the hemiplegic side remains awkward.

Treatment.—Cod-liver oil and massage, which always relaxes the contracted muscles. The affected limbs should be used as much as possible. *The paper, with illustrative cures and details of treatment will be published in full in the Archives of Pediatrics.*

Dr. Harris inquired if Dr. Sinkler had ever observed any hereditary predisposition to convulsions and cerebral paralysis.

Dr. Sinkler replied that the hereditary influence was decided, even when no convulsions occurred.

Dr. R. P. Harris read a report of the autopsy upon Mrs. Reybold, from whom two living children had been removed by Cæsarean section by Prof. Gibson, of the University of Pennsylvania. The superior strait was reniform; conjugate diameter 1¾ inches, transverse diameter 5¼ inches. The malformation was due to rachitis and injury from a fall in her second year. A full report of the history of the patient, the operations, and the autopsy can be found in the *American Journal of the Medical Sciences*, October, 1885, p. 422.

Oophorectomy.

Dr. E. E. Montgomery reported the following case:

Mrs. L., of Columbia, Pa., aged thirty-six years. Married ten years; pregnant five times, the last four years ago; was brought to my notice by Dr. A. T. Chase. Her health has been bad since her last confinement. First menstruation at twelve and a half years; regular and very free for one and a half years, when she fell, producing pelvic distress; after which, for seven years, the flow was very scanty, lasting but one or two days, and accompanied by excruciating pain. She improved somewhat after marriage. Her first conception was followed by so much nausea, vomiting, and anæmia that her physician advised and induced an abortion. She is now regular as to time, but irregular as to quantity; it is preceded by an excruciating pain for two days, and continues until the flow disappears; she also has severe pain in the head. She is very nervous at all times, but this is much intensified during the period. Pain is more marked in the left inguinal region and down the corresponding limb. Coition and vaginal examination are very painful. The uterus is enlarged and painful; tender on pressure over both ovaries. Local uterine treatment had been kept up during the entire four years with no relief. Trachelorraphy had been performed. Ovariotomy was advised. September 19, 1885, she entered my private hospital, and, assisted by Drs. W. H. and C. B. Warder and E. Eshleman, the uterine appendages were removed. The left ovary was composed of a number of cysts, the largest of which ruptured while adhesions were being separated. The right ovary was not enlarged, but it was removed to ensure relief. The wound was closed with silk-gut and dressed with sublimate gauze and absorbent cotton. There was no shock. The highest temperature reached was 101.6° at midnight of the 20th, and it became normal on the 22d. Sutures were removed on the eighth day, and the wound redressed for the first time. It had united throughout, and there was no irritation from the sutures. The effect upon her general health remains to be determined.

Dr. Montgomery also reported a case of

Supra-Vaginal Removal of the Uterus and both Ovaries for Fibroid Tumor.

Ann M., æt. 27, was brought to me by Dr. T. H. Boysen, of Egg Harbor City, with the following history. Her menses from the beginning occurred every three weeks, and were free an entire week. During the last four years they have occurred every two weeks, and are attended with pain in the pelvis and down the limbs, and severe pressure upon the bladder, causing frequent urination, and several times necessitating the use of the catheter. Dr. B. had diagnosticated fibroid tumor, which my subsequent examination confirmed. The tumor was the size of a child's head, filling up the pelvis, and apparently arising from the anterior wall. The examination led me to believe that the bladder was adherent over the anterior surface, and would render the removal of the tumor unsafe. I suggested the removal of the ovaries. She entered my private hospital 9-15-'85, for that purpose. Drs. W. H. Warder, Boysen, and Martin assisted, Drs. C. B. Warder and Staltweather present. An incision three inches long was made, and finding the tumor free from the bladder, with cervix sufficiently long to serve for a pedicle, the incision was extended to within an inch of the umbilicus above and symphysis below, and the tumor, with some difficulty, withdrawn. In the absence of a Tait's clamp, which had been ordered some days before, the pedicle was constricted by a wire ecraseur, and the tumor with the ovaries was removed. The pedicle was then transfixed with two steel pins and tied in three sections with strong silk thread. The peritoneum was fastened to the pedicle below the ligatures, and the wound closed with silk gut sutures, the pins holding the stump outside. The wound was dressed with sublimated gauze and absorbent cotton. The operation was followed by some shock, temperature 97.4°, pulse 104, from which she soon rallied. She complained greatly of pain. A half-grain of morphia had been given by suppository, and three hypodermatic injections of morphia, ¼ grain each, were given during the afternoon before the pain was relieved.

At 3 a. m. of the 24th, I was called by the nurse, who reported bleeding from the stump. Three ounces of blood had been lost. By aid of

Dr. Warder a Wells's clamp was applied below the pins, apparently controlling the hemorrhage; but it recurred later in the day from the angles and from beneath the clamp. By this time the Tait's clamp had arrived, and the patient was etherized, the lower three sutures removed, the pedicle drawn up, the clamp applied so as to control it completely, and the wound again closed. The wound had united throughout. Temperature reached 100.6° at 9:30 p. m. The highest subsequently, 101.6°, was in the afternoon of the 25th, and it became normal on the 28th. Upon removing the dressings on the 27th, some pus welled up about the pedicle. As the skin was irritated, the dead pedicle was cut away until the clamp slipped off. There resulted, of course, considerable retraction of the stump, but the sloughed tissue is now nearly cleared away. The patient suffers no pain or discomfort; temperature normal. The tumor was situated in the anterior wall and fundus of the uterus, and projected into the uterine cavity.

Dr. Parish remarked that removal of the ovaries had given such good results in cases of uterine fibroids, and was comparatively so free from danger, that he would like to hear from Dr. Montgomery his reason for his choice of operation.

Dr. Montgomery replied that the tumor filled the pelvis and pressed upon the bladder and rectum, causing great and constant distress. As diminution of the size of the fibroid tumor is not a certain result of oöphorectomy; and as all the circumstances were in favor of the major operation, he decided upon it as the best one.

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Editorial Department.

Periscope.

"Foulbrood."

Mr. W. Watson Cheyne thus writes in the *Brit. Med. Jour.*, October 10, 1885:

This is an epidemic of bee-hives affecting especially the larvæ, and resulting in the death of the larvæ, which degenerate and form a yellowish and black stringy material at the bottom of the cell—the "foulbroody matter." Mr. Cheshire, who has chiefly investigated the matter, finds that the disease is not confined to the larvæ, but affects the adult bees, more especially the workers, which die off in large numbers. He also found it as a local disease affecting one of the ovaries of a queen-bee, and leading to infection of the ova of that bee. If the foulbroody material is examined, it is found to contain numbers of oval bodies, which have been described by some as micrococci, by others as one of the Saccharomyces (cryptococcus alvearius). Mr. Cheshire, however, found that these bodies were not present in the juices of the larvæ—that there one only saw moving bacilli—and he has made out the same fact with regard to the adult bees affected with the disease. He therefore regards it as a bacillar disease.

In August last he brought me some foulbroody material to see if the organism could be cultivated, and it is the result of this research which forms the subject of the present communication. And I may say shortly that from this material I got a growth of bacilli exactly resembling in size and appearance those seen in the juices of the larvæ and adult bees, and that these bacilli produced large spores, which were evidently the bodies seen in the foulbroody material.

In cultivation in agar agar the bacilli vary in size, their average length being $\frac{1}{7250}$ of an inch. They are somewhat pointed at their ends, and very often have a clear space at one side near the end, but this is not constant. Their average breadth is $\frac{1}{50000}$ of an inch. The spores are largish oval bodies averaging in length $\frac{1}{12000}$ of an inch, and in breadth $\frac{1}{25000}$ of an inch.

They do not grow below 17° C. They grow most rapidly at the temperature of the body. Very few spores are formed at 17° C., but they appear rapidly and in large numbers at the body temperature. The reaction of the medium is not of very great importance, but a neutral material is best.

Their growth in meat-jelly (ten per cent. gelatine) is very characteristic, and quite different from that of any other organism with which I am acquainted. So peculiar is it that a cultivation of this bacillus can at once be detected by the naked eye. If an infected needle be plunged into a tube of this material, growth occurs on the surface and along the track. On the surface the bacilli shoot out and form a ramifying layer, the characters of which will be presently described. Along the track irregularly-shaped masses appear, and in a few days processes are seen to shoot out from these masses, which may extend a long distance from the track, being thickened at various parts. If jelly is poured out on a glass plate, allowed to solidify, and then the infected needle drawn over it, we see the explanation of the peculiar appearance seen along the track; bacilli shoot out from various parts of the track, and very soon a circle is formed; from this circle fresh shoots pass out and form circles again further on; these circles becoming filled with bacilli give rise to the apparent thickenings and nodules seen in the course of the shoots. The bacilli cause liquefaction of the gelatine, which assumes a yellowish color and gives off a urinous or fishy odor—the same odor as that of the infected hive.

They grow in agar agar jelly at the temperature of the body; but the cultivation, like the cultivations of other bacteria in the same material, is not sufficiently characteristic to be of use as a diagnostic.

On potatoes they grow slowly, and form a yellowish layer.

In milk they grow well, and in a few days cause the coagulation of the milk, which also assumes a yellowish color, and gives off the odor previously described. The coagulum is not firm, but is like

a tremulous jelly, and may remain for some days without the separation of any fluid; by and by, however, it becomes liquid, and ultimately, after some months, assumes the appearance of a dirty yellowish glairy fluid. It is very slightly, if, indeed, at all, acid.

They grow extremely slowly in blood-serum, and there form very long filaments with comparatively few spores.

With a cultivation in milk, Mr. Cheshire sprayed a comb containing a healthy brood, covering up the comb with a piece of cardboard with a lozenge-shaped space in the centre. The larvæ in the cells corresponding to the lozenge-shaped space all died of foulbrood, while the others remained healthy.

He has also fed bees with another cultivation of these organisms, and a number of them died of foulbrood. One day while I was testing some milk in which they had grown, a large blue-bottle fly settled in it and commenced to eat. I put a large glass funnel over the dish, leaving sufficient air for the fly. When I came, twenty-two hours later, the fly was in the sitting posture on the table, and was dead. Its juices were full of these bacilli, as shown by microscopical examination and by cultivation.

Other animals are more or less refractory to this bacillus. I have kept cockroaches for days in a box in which was milk containing these bacilli mixed up with sugar. None of them died, but I cannot be certain that they ate the material. I inoculated two mice and one rabbit with a cultivation without effect. I injected half a syringeful of a cultivation subcutaneously into two mice; one died the following day, the seat of injection being very œdematous and full of these bacilli, and there were also a few in the blood; the other mouse remained well. At the same time I injected a guinea pig subcutaneously. It died six days later with extensive necrosis of the muscular tissue, but no true pus. These bacilli were present in the necrosed tissue, and also in small numbers in the blood. I have since injected three guinea pigs subcutaneously without effect.

The conclusion to which we have come is, that without doubt this bacillus, growing in the juices of the affected larvæ and adult bees, is the cause of the disease.

A very important part of the work done on this subject by Mr. Cheshire is the discovery of a method of curing this disease. He gives the workers in an infected hive a mixture of carbolic acid and syrup (1 to 500) as food, and finds that very soon the dead larvæ are removed, and fresh and healthy larvæ occupy their cells.

An Obscure Case of Pulmonary Disease.

Before the New York State Medical Society (*Med. News*, October 24), Dr. W. McCollom read the report of the case.

The patient was a gentleman with the early history of specific disease, who had a large chest and voluminous lungs. A few months since he began to suffer from emotional excitability, and from occasional paroxysms of dyspnœa. These asthmatic seizures were liable to be brought on by an unusual emotion or exercise, and as time went on they increased in frequency. A careful physical examination of the chest, however, did not detect any appreciable cardiac or pulmonary trouble. Afterward, Dr. Sherwell, of Brooklyn, examined the larynx, but found no evidence whatever of any disease. He expressed the opinion that there was probably an aneurism of the arch of the aorta. Still later, the patient was examined by Prof. A Flint, who found only some subcrepitant râles on both sides of the chest. He believed that there was pulmonary œdema present, but could not say from what cause it proceeded.

In the meanwhile the dyspnœa was steadily progressive, and on the 24th of September last the patient took to bed. On the 25th he was examined by Dr. James R. Leaming, of New York, who thought that there were extensive pleuritic adhesions present, both old and new; an opinion in which he was confirmed by subsequent examinations. At this time the right lung did less work than the left, and the respiration altogether was largely abdominal.

Death occurred on the 5th of October, 1885, and an autopsy was made forty-eight hours after death.

The kidneys were entirely free from disease, and the liver, with the exception of possibly being a little fatty, was also normal. The pericardium contained two ounces of fluid, and the right ventricle of the heart was found to be moderately dilated. Otherwise the heart was perfectly healthy. The thoracic aorta was also free from disease. The lungs were of a dark gray or brown color, and were found to float in water. The parenchymatous structure of both lungs was very hard and dense, and creaked distinctly under the knife. There was no evidence of acute pneumonia, and no cavities were found. The only adhesions dicovered were two slight ones at the top of the right lung, and they were evidently very old. (Specimens of the lungs were exhibited.)

Dr. Flint said that he remembered the case perfectly well, having made notes himself upon it. He had not heard of the patient's death before, but he was very glad to know the result of the autopsy. When he made the examination of the chest in consultation with Dr. McCollom, he could discern nothing but the presence of a moist râle on both sides. He then felt quite sure that the patient had disease of the kidneys, and requested specimens of the urine. When, however, the examination of the latter gave a negative result, he felt at a loss in regard to the case, and asked to be allowed to see the patient again.

The condition of the lungs, found after death, completely explains the progressive dyspnœa, and at the same time it serves to illustrate the inadequacy of physical signs under certain circumstances. The remarkable point about this case is the equal development of the pulmonary cirrhosis on the two sides. Almost invariably the condition is much more marked in one lung than in the other; so that the difference between the two sides of the chest is very apparent. The existence of moist râles in connection with a normal condition of the heart seemed to him positively to indicate kidney disease, and he was therefore surprised to find that the urine gave no evidence of this. On the whole, therefore, he

considered it a very interesting case, and the specimens that had been presented he believed were unique. He thought it also worth while, in this connection, to call attention to the mechanism of subcrepitant râles. One observer, as the history showed, had referred these râles in the present case to the presence of pleuritic adhesions. From the result of the autopsy, however, it was pretty evident that here the subcrepitant râles were produced in the smaller bronchial tubes, and not in the pleuræ.

Treatment of Lacerated Middle Meningeal Artery.

Before the Clinical Society of London (October 9), Mr. Charters Symonds read a case on trephining for compression by a clot derived from the middle meningeal artery, and suggested the resort to compression or closure of the carotid as a means of arresting the hemorrhage. A man, aged forty-three, fell from a height of six feet, striking his head. He was admitted immediately into Guy's Hospital, and was seen shortly after in a totally insensible condition, with right hemiplegia and a pulse of 52. He had two abrasions on the left temporal region, and a large extravasation of blood. Though there had been no conscious interval, Mr. Symonds immediately trephined on account of the hemiplegia and deepening coma. The site selected was rather posterior to that usually chosen, as here the chief injury seemed to have been received. On elevating the disc of bone a pulsating clot was exposed and removed. The bleeding was profuse, and to reach the laceration a great deal of bone was removed by Hoffman's forceps, two loose pieces of the sphenoid being found. Two lacerations were found in the vessel; one was closed by under-running the vessel with fine gut; the other by completing the division of the vessel and twisting both ends. The bleeding, however, still continuing, and the bone having been incised to the base, the hemorrhage was finally arrested by under-running the artery with a piece of the dura mater, and making traction on the ligature carried out of the wound, and by a pair of torsion forceps pushed down into the farthest accessible point and given a half twist. The operation altogether lasted two hours, and the man lost much blood. Recovery was immediate. As soon as the clot was removed, the pulse rose from 40 to 64, and the muscle of the right foot moved; and at the conclusion of the operation the man could move his right arm and leg, and give his name and address. The next day he answered all questions and spoke rationally. The same afternoon he became restless, and finally delirious, coma supervened, the temperature rose gradually, reaching 104.8° shortly before death, which took place at 3:15 p. m., or fifty hours after the accident. At the autopsy the dura mater over the exposed area was yellow and purulent, and there was general congestion. The temporo-sphenoidal lobe on the right side was bruised, as was the cerebellum. The fracture extended from the site of the operation to the wing of the sphenoid, and there divided into two branches, the one running over the orbital plate to reach the cribriform plate of the ethmoid, the other reaching the same point after traversing the optic foramen and sphenoidal fissure. In his remarks Mr. Symonds said that his main object was to call attention to the want of information upon the best method of dealing with the bleeding vessel, and to suggest a resort to compression of the carotid from the moment such a case is seen, and to its ligature, should, after trephining, other means fail to arrest the bleeding. Though no mention was made in our leading works of this method of arresting the hemorrhage, no doubt the idea had occurred to others before it had to him in connection with this case two years ago. To the severity of the operation, to its great prolongation, and to the loss of blood, he attributed the fatal meningitis, and did not think that the result affected the average success of trephining. As to whether it would be better to secure the external or common carotid, he thought that while deligation of the external would remove the special cerebral dangers attending closure of the common, its safety was to be established. He considered that with our present method of treating wounds he would prefer to close the external carotid. Mr. Furneaux Jordan's suggestion to ligature the carotid instead of trephining, while it was thought effective, would, Mr. Symonds considered, be confined to those cases seen very early, and would therefore have but a limited application. The absence of the interval of consciousness was considered to be due to concussion, while the strictly localized character of the paralysis was unlike that seen in cases of cerebral laceration.

Two Cases of Severe Gun-shot Injury.

Dr. J. H. Branham reports these cases in the *Medical Chronicle*, June, 1885:

Case 1. A. D., white male, age 14, in March, 1884, while crossing a fence with a loaded gun in his hand, fell, and striking the gun it was discharged, the contents entering the left arm below the shoulder, passing upward and backward, carried away a large part of the head of the bone, the end of the acromion process, completely destroyed the joint and cut the deltoid in two.

The accident occurred near the patient's home, several miles from the city. A physician was called who cleaned the wound, removing shot, wadding, and pieces of clothing. It was afterwards dressed with carbolized solution.

I first saw the patient two weeks after the accident. At that time the wound was covered with unhealthy granulations; the patient was very weak, and the febrile symptoms were marked. He had a severe bronchorrhœa, and his cough was constant and troublesome.

Underneath the pectoralis major muscle was an immense abscess, which was limited below by the fascia at its lower border, and above extended beneath the skin in front of the clavicle into the supra-clavicular space. On the next day this was opened at its lowest point and a drainage tube inserted. The wound was washed twice a day with carbolized solution, and the patient began to improve at once. A small abscess formed half-way down the anterior aspect of his arm, and was opened by Dr. Erichsen. The patient moved to town about four weeks after I first saw him, and was subsequently entirely under my care. Several pieces of bone were removed, and the wound

healed entirely in about six months. Notwithstanding immobility of the shoulder, the patient has a fairly useful arm.

The interesting features here are the comparatively good result in a very ugly and extensive wound, and the wonderful benefit of free drainage.

Case 2. Wm. H., colored, age 26, on December 23, 1884, was wounded by a ball from a large-sized Colt's revolver. It passed through the left femur, about four inches below the trochanters, shattering the bone to a great extent.

The patient was in a garret, entirely without comfort and almost without attendance. He was urged to enter a hospital but refused. His leg was placed in a straight splint, but the patient was restless and soon loosened the bandages. He was then put in a Smith's anterior apparatus, but this could not be kept on.

The would suppurated freely and an incision was made about the eighth day, and the bullet found just in front of the bone, where it had lodged after passing through; it was extracted. The bone was found completely shattered for about six inches. The splinters were firmly adherent, and could not be removed. A second opening was made higher up and a tent passed through.

The limb was then encased in a thick plaster splint, and when this was removed, two months afterward, the bone had firmly united. There is still considerable discharge and dead bone is present, but the patient is able to sit up and is well nourished, and the limb requires no support.

As soon as his consent can be obtained I intend to remove the necrosed bone.

I report this case to show the great usefulness of the plaster-of-Paris splint. The wound was dressed, syringed, and disinfected for two months, but the splint remained firm.

On a Condition of the Inner Surface of the Uterus, After the Birth of the Fœtus, of Practical Importance.

Dr. J. Braxton Hicks, M. D., London, thus writes in the *Brit. Med. Jour.*, October 10:

Without entering now into the question as to the thickness of the mucous or lining membrane of the uterus, I wish, in the present communication, to draw attention to a condition which I have occasionally noticed after the expulsion of the fœtus; and which may easily give rise to mistakes of a clinically grave character.

When the uterus is emptied of the fœtus, the area of its inner surface is proportionally reduced. If the lining tissue also became contracted to the same extent as the muscular substance, then it would lie smooth and level; but, in some cases, this is not so; consequently it is thrown into folds or waves, imitating, in some instances, growths springing up loosely from the surface. But there is a still further state which adds much to difficulties of diagnosis, and, consequently, to danger in practice; for this inner membrane (I speak from the clinical point of view) is not unfrequently resting loosely on the muscular coat beneath, so that, when the fingers are pressed against it, it glides over the subjacent part, so as to feel very like a portion of the placenta, or the thickened membranes; so much so, that, in some cases, till I had traced it for some distance, I could not tell its exact nature. Where nodules of inflammatory deposit occur in the same case, there this portion is fixed firmly to the muscular tissue beneath, but beyond it is loose; and thus there is a great similarity to the placenta, I mean where the placenta has been already removed. The cases in which I have particularly noticed this condition, are those where I have had occasion to remove the placenta for adhesion. I have not noticed it where, for other reasons, I have passed the hand within the womb, as in ordinary turning; nor in, by any means, every case of adherent placenta. Yet, inasmuch as, in such cases, one does not specially look for such phenomena, it is impossible to say in what proportion it might exist. In the first case that I observed it, it was most marked. It was in a case to which I had been called, of very difficult labor, in consequence of miserably ignorant attempts at delivery, whereby both arms had been brought down over the back, and were drawn down outside the vulva, both humeri having been broken. The placenta was adherent, and in passing the hand to remove it, I was on the point of mistaking this loose lining of the womb for the placenta, and was about to detach it when, in passing my hand over the placenta, I concluded that it was the uterine surface covered by the smooth membranes. To make quite sure, I penetrated the placenta from the amnial surface, where I was quite sure of its presence, and worked outwards to the margin, and thus was able to safely remove it. I need not record more cases, for attention having been once directed to it, it will, I think, be readily comprehended. I am not aware of any one having noticed or pointed out the peculiarity before, though I can hardly think it could have escaped observation; but, in the excitement of the moment, the danger of mistaking the lining of the uterus for adherent placenta is undeniable, and this must be my excuse for occupying your time.

The Influence of Temperature on Muscles at Rest.

The *Med. Press*, October 7, 1885, tells us that Dr. Max Rubner has lately published in Du Bois Reymond's *Archiv. f. Physiologie* an interesting account of some laborious and complicated experiments on the respiration of individual organs, the results of which have an important bearing on our knowledge of the tissue changes that take place in muscles at rest, and on the determination of their functional activity. We know now that muscle, even when not in contact with the body, respires. What influence temperature has on this respiration is, up to the present, not known, and Dr. Rubner has attempted to determine it, his experiments being carried on in Ludwig's laboratory in Leipsic. The uninjured hind leg of a dog was played over with a mixture of dog's blood nnd saline solution (8.7 per cent. of common salt and 0.1 per cent. of phosphate of soda) whilst the author examined the irritability of the muscle and the gaseous contents of the blood of the crural artery and vein; the muscle preparation was contained in a zinc vessel with double walls, and filled with water of varying temperature. The most important result of the experiments consists in the proof of the dependence of the consumption of oxygen in muscle on the

temperature of such muscle. In every case decrease of temperature was accompanied by diminished consumption of oxygen, on again raising the temperature the consumption of oxygen was increased; when the temperature fell 1° C. the consumption of oxygen fell from 1.55 to 3.10 per cent., when it rose 1° the consumption of oxygen rose 2.92 to 4.8 per cent. higher. The increase with rise of temperature was not constant in all cases as the consumption of oxygen by muscle was almost altogether independent of temperature within certain wide limits. It is only when the temperature passes these limits that consumption of oxygen is markedly influenced by its temperature. The conditions requisite for formation of carbon dioxide, on the other hand, are essentially different from those favoring the consumption of oxygen. It showed itself independent of temperature, and especially of low temperatures. The facts demonstrate that, by the action of abnormally low temperatures the capacity of muscle for consumption of oxygen, and also its irritability can be inhibited; but a low temperature does not check the formation of carbon dioxide. Thus, two of the most important properties of muscle may be shown by the varying degrees of heat:

1. That of formation of CO_2 independent of the consumption of O (in low temperature).

2. The development of vigorous oxydation (in higher temperatures).

A Unique Case of Chorea.

Dr. James Weir thus writes in the *Louisville Med. News*, October 17:

Eddie B., aged twelve years and two months, was sent me, August 28, for treatment by Dr. Trunnell. The doctor had diagnosed chorea, and upon examination I confirmed his diagnosis. Upon stripping him for physical examination, a most beautifully developed condition of the whole body showed itself. Every muscle was in proportion, the *tout ensemble* presenting the appearance of the Farnese Hercules in miniature. He stood firmly on his feet, without a muscle of his upper or lower extremities or trunk showing a single tremor. His father told me that he had slight volitional control over his paroxysms, and that when under observation did not show evidence of his disease. Furthermore, that the "snapping of his eyes and the popping of his mouth was all that bothered him." I directed the boy to put on his clothes, watching him the while. Suddenly a contraction of the *zygomaticus major* on the left side drew the corner of his mouth almost to his ear, at the same time the *orbicularis palpebrarum*, *levator palpebræ superioris* and *corrugator supercilii* were in violent and continuous action. I immediately recognized chorea limited to the muscles of the face, a rare and infrequent form of this affection. After-study of the case showed me that the muscles involved other than those above mentioned were the *levator labii inferioris*, *orbicularis oris*, and *buccinator*. As far as I could determine the motor branches of the fifth, as well as certain branches of the third and seventh nerves were involved. There was absolutely no sensory involvement. There was no mental impairment, no hallucinations, no dreams, and no involuntary action of the sphincters. I gave the father a favorable prognosis, and the progress of the case has justified my opinion. Under large doses of pil. ferri. carb. and liq. potass. arsenitis, with five-minute *seances* of faradic and galvanic currents, I have gotten rid of the choreic paroxysm in every muscle involved save the *levator labii inferioris*. I believe his occassionally uncalled-for use of this muscle is partially habit.

The Psychological Aspect of Suicide.

Dr. J. S. Conrad read a paper on this subject before the Medical Society of Virginia, saying:

1. Suicide increases with the advance of civilization, and is but little known in the savage state of men.

2. The act is an intelligent one (?), done with a full consciousness of the act, as shown by the method of execution, whether by the sane or insane.

3. That suicide is done always for the purpose of escaping an evil, and for the benefit of the felo-de-se, whether by sane or insane.

4. That it is a voluntary act (?), whether by sane or insane.

5. That it is an emotional act, whether by sane or insane, however deliberately planned and executed, since deliberation enters into the mind of both mental states.

6. That delusions are not essential to the distinction as to the sanity or insanity of the suicide, since authorities affirm that delusions are not essential to the proof of insanity.

7. That suicide is rare in the first class (*Insanity* by Maudsley), viz., intellectual or ideational insanity; but does occur in the vast majority of the second class, or affective or emotional forms of insanity.

8. Query. Is suicide an intellectual act, notwithstanding the intelligence exercised in its execution? Or is it an emotional act *per se*, since we have seen that the emotional part of mind dominates the ideational centres, and perverts the intellect into becoming its humble servant?

9. Does moral depravity satisfactorily account for it, when we have seen that moral depravity is a factor of both sane and insane?

10. That in doubtful cases of the sanity or insanity of the felo-de-se, very great caution is necessary in making up a just judgment as to the one or the other.

Aphonia from Inebriety.

Dr. Morgan, in a paper published in the *Journal of the American Medical Association*, gives two cases of this affection. He refers to literature showing that it has been noticed as far back as 1761 by Morgagni, who speaks of alcoholism as a cause of aphonia, and particularly of the central lesion giving rise to this trouble. Other references are made to show that it has been noticed by different observers. Dr. Cohen thinks it comes from the exposure, muscular relaxation, and lowered vitality following inebriety. Other writers suppose it is only one of the many palsies, which may appear in the various muscles of the throat and larynx, or that it is a reflex from some central nerve lesion. Undoubtedly it acts very much as other posions do which affect the throat and voice.

Dr. Morgan's remark that these cases are more common than the scanty literature would indicate is confirmed by all who are treating these cases. In our experience about ten per cent. of all cases suffer from this paralysis of the lateral crico-arytenoids. Often it is very transient, and disappears in a few days; in other cases it lasts a longer time. The treatment, most effectual, seems to be active catharsis, and cold applications on the outside of the throat. All internal medication and electrical currents have not been satisfactory.

The removal of alcohol and building up the system, is always followed by a disappearance of this affection. It will be found in most cases that aphonia is associated with other palsies of different parts of the body which escape attention at the time, but come out when this passes away. Bronchitis or laryngitis are the usual associate affections, and often the hearing is disturbed and lessened, and catarrh is also present. When erysipelas and rheumatism are present, the prognosis is more difficult, but usually the future of the case is promising. The subject should receive more careful study and clinical observation before it can be well understood.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The obscure topic of cysts of the pancreas is discussed by Dr. N. Senn, of Milwaukee, in a reprint before us. His conclusions are summarized as follows:

A positive diagnosis of a cyst of the pancreas is impossible; a probable diagnosis between it and some other kind of cysts amenable to the same surgical treatment, is adequate for all practical purposes.

The formation of a pancreatic fistula under antiseptic precautions recommends itself as the safest and most expedient operation in the treatment of cysts of the pancreas.

——Dr. Charles L. Mitchell, of this city, has begun the publication of a periodical called "Clinical Notes on the Local Treatment of Disease." It is chiefly intended to introduce certain methods of local treatment to the profession.

——Dr. J. B. Mattison, of Brooklyn, comes out boldly in a paper for the purpose of denouncing *avena sativa*, in its alleged value in opium addiction, as "a fraud, a delusion, and a snare." This writer is wont to use language of unnecessary violence, and we think he does so in this instance. Though the avena has doubtless been over-estimated, it probably possesses certain valuable nervine properties.

——Dr. James Craig, of Jersey City, has reprinted in pamphlet form a collection of his various recent contributions to medical journals. They will be found to make a useful collection.

——The therapeutics of high temperatures in young children occupies the attention of Dr. W. P. Watson, in a recent reprint. His review of our means for reducing the excessive bodily heat is clear and instructive.

——Dr. C. M. Wilson, of this city, in a short paper defends the mechanical dilatation of the uterus by the use of the Wilson dilator. He claims that it has excellent results, and is not necessarily risky.

——Dr. George Sutton, of Aurora, Indiana, describes in a paper from the State Society *Transactions* the epidemics which have occurred in southeastern Indiana during the past fifty years. It is an article of much local interest.

——The relation of iritis to the rheumatic diathesis, and its treatment, is discussed by Dr. Charles J. Lundy, of Detroit, in a short paper. His conclusions are well reasoned.

——In a paper originally read before the American Medical Association, Dr. J. J. Caldwell, of Baltimore, gives a study of epilepsy. It is a judicious summary from the best authors.

BOOK NOTICES.

Epilepsy and Other Chronic Convulsive Diseases: Their Causes, Symptoms, and Treatment. By W. R. Gowers, M. D., etc. Pp. 255. Wm. Wood & Co., New York.

This carefully-prepared monograph on epilepsy and epileptoid diseases, written by an eminent London physician, forms one of the issues of Wood's Library of Standard Medical Authors. It is a valuable addition to it, as no treatise on the subject could be named which ranks higher than the one before us.

Practical Surgery: Including Surgical Dressings, Bandages, Fractures, Dislocations, Ligatures of Arteries, Amputations, and Excision of Bones and Joints. By J. Ewing Mears, M. D., etc. 490 illustrations; 8vo., cloth; pp. 794. Price, $3.75. P. Blakiston, Son & Co., 1885.

This is the second edition of Dr. Mears' work, and the author has subjected it to a careful revision, as well as added freely to the text. Confining himself to the strictly practical aspects of surgical science, he presents them in as few words as is consistent with clearness, avoiding the introduction of debatable operations and the explanation of doubtful points in surgical mechanics and pathology. His book, therefore, is a recognized desideratum in surgical literature, and we can safely predict for it a continuance of the favor

with which the first edition was received. The paper and print are excellent and the engravings well prepared and abundant.

Elements of Inorganic Chemistry, Descriptive and Qualitative. By James H. Shepard. 8vo.; pp. 377. Boston, D. C. Heath & Co.

For those who would like to obtain a good general knowledge of inorganic chemistry without going into the intricacies of the science this book may be cordially recommended. It is intended for normal, preparatory, and collegiate institutions of education, and we have seen no textbook of its size that is superior to it in clearness and comprehensiveness.

Rationalism in Medical Treatment, or the Restoration of Chemism, the System of the Future. By William Thornton. Pp. 46. Boston. Published by the author.

A trivial and egotistical essay, this pretending to introduce to the laity a method of medical treatment which educated physicians are too jealous to accept. The day is past when any man can offer a good thing in science and have a cold reception.

The Principles and Practice of Surgery. By John Ashhurst, jr., M. D., etc. Fourth Edition, Enlarged and Thoroughly Revised, with 597 Illustrations. 8vo., sheep, pp. 1118. Lea Bros. & Co., Philadelphia. 1885.

In presenting the fourth edition of this work, which has met with a well merited popularity, the author has carefully scanned all parts of it, and brought them up to date by adding freely from the latest contributions to surgical science both here and in Europe. The illustrations have received material accessions from original drawings and photographs of new operations, instruments, or pathological conditions. The general plan of the work, however, has been retained, and its bulk not too unduly augmented. Considering the quite unwieldy size to which many so-called manuals have grown nowadays, it is to the credit of the author that he has compressed so much in the space of his pages.

The work is admirably manufactured, paper, printing, binding and cuts being fully up to the high standard set themselves by the eminent publishing house which issues the work.

Clinical Therapeutics. Lectures in Practical Medicine Delivered in the Hospital St. Antoine, Paris, by Professor Dujardin-Beaumetz. Translated by E. P. Hurd, M. D., etc. 8vo., cloth. Pp. 491. Detroit, Mich.: George S. Davis. 1885.

For many years Professor Dujardin-Beaumetz has stood prominently at the head of the therapeutists of France. He is one of the few distinguished European physicians who are as much interested in treating the patient and studying the effects of remedial agents on disease as in refinements of diagnosis and the debated questions of pathology. He has condensed his prolonged studies and observations in a series of lectures, the translation of which, made with his approval and almost under his supervision, is presented in the volume before us.

The text of the lectures is copiously enriched with notes, some by the author, others by the translator, all of them useful in character and explanatory of the words of the speaker.

The subjects of the volume are: The Treatment of Nervous Diseases, That of General Diseases and of Fevers. In other words, and to adopt the division of the original, of the Nervous System, of the Blood, and of Fever. Under these headings, single diseases are taken up and their therapeutics discussed in detail.

In several respects there is no other book quite like this in our language; it is therefore suggestive to the reader, and even where it savors too much of Gallican views, with which ours are not in unison, it will stimulate to research, and will often furnish happy inspirations for the practical management of cases.

Transactions of the South Carolina Medical Association's Thirty-fifth Annual Session. Pp. 155. Charleston.

The proceedings open with an agreeable address by the President, A. A. Moore, on the trials and difficulties of the country physician. This is followed by committee reports and a number of original papers. They are mostly short and valuable. Dr. F. P. Porcher reports nine cases of pleuritic effusion. Dr. T. S. Waring gives some excellent advice on the cause, treatment, and prevention of malarial fever. Several physicians describe cases in midwifery and gynæcology, and there are various contributions to ophthalmology. Dr. McKie reports his success in two cases of the bites of venomous serpents by the exhibition of large doses of bromide of potash.

Rosebuds. By Virginia Gerson. 4to., Illustrated. White, Stokes & Allen, New York. For sale by J. B. Lippincott & Co., Philadelphia.

A charmingly-illustrated and delicately-tinted gift book for children is that with the above title. Every page is a study of hue and design, and it cannot fail to capture the hearts of the little ones, and also evoke many pleasant ideas by the happy commingling of good sense and fun in the rhymes which are the posies to this garland of buds.

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D. G. BRINTON, M. D.,
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THE MEDICAL LAW OF INDIANA.

The medical bill passed recently by the Legislature of Indiana to control the practice of medicine in that State, is meeting with various difficulties in its practical application. A number of questions touching its construction were submitted last summer to the Attorney-General of the State by Dr. C. F. Metcalfe, Secretary of the State Board of Health. The replies he received from that officer indicate that there is yet considerable labor to be expended on the law before its full interpretation can be fixed; and that perhaps various amendments to it will be necessary before it offers that protection to the public against unqualified and incompetent practitioners which it is the prime purpose of such an enactment to secure.

Many of the points raised by the Attorney-General refer more especially to the wording of the Indiana bill, but some are of a general drift. A few of these may be extracted from his replies to Dr. Metcalfe:

The right to reasonably regulate the practice of medicine rests on the police power of the State, which extends to the protection of the health and lives of all persons within the State, which subject I have considered in an opinion heretofore given to you. Chief Justice Shaw, in discussing the subject of the police power, in Commonwealth *vs.* Alger, said: "It is much easier to perceive and realize the existence and source of this power than to mark its boundaries, or prescribe limits to its exercise." It is undoubtedly difficult to determine the exact limits to the exercise of this power, but it is well settled that it belongs to the Legislatures of the several States, and forms a part of the mass of residuary State powers over which Congress has no direct control. * * *

It is the prerogative of the Legislature to prescribe regulations founded on nature, reason, and experience, for the due admission of qualified persons to professions and callings demanding special skill and confidence. * * * *

The confidence of a community, good will, the right to pursue his vocation by a qualified physician, who has practiced his profession for three or more years, although he may have no diploma, and may not have attended one full course of lectures in a reputable medical college, is his property. The Legislature may make qualification a test and condition for license to practice medicine.

Whether or not a law operating retrospectively, affecting physicians who have regularly practiced their profession within this State for three or more years before its passage, depriving them of their occupation and the emoluments of their established business, without reference to or test of their fitness for their position, can be regarded as a reasonable regulation of the practice of medicine and a proper exercise of the police power, and constitutional, is a very close question, and ought to be settled by the courts. * * *

No particular school or system of medical practice is preferred by the law, and no rights are conferred upon one not accorded to all, and a practitioner in his treatment is to be tested by the general doctrines of his school, and not by those of other schools and systems of medicine.

All recognized schools and systems of medicine stand equal before the law, and equally reputable. The statute does not require the medical college to be incorporated from which the certificate or diploma is derived.

Every institution, whether incorporated or unincorporated, organized in good faith for scientific instruction in medicine, surgery, or obstetrics, and in which such scientific instruction is systematically imparted, without regard to the school of medicine under whose control or management it is, is a reputable medical college within the meaning of the statute. * * * * *

We shall look with interest to the final shape which will be given to Indiana legislation in these particulars.

CORROSIVE SUBLIMATE AS A SURGICAL DRESSING.

While we are all familiar with the fact that the bichloride of mercury is a most valuable disinfectant, yet we doubt whether its full power is realized and whether it holds that high place in the estimation of surgeons to which its undoubted efficacy entitles it.

Considering it as one of the most valuable aids to the surgeon, we deem that all should be familiar with its merits, and we therefore desire to call notice in an especial manner to its use. In one of our hospitals in this city, solutions, varying from 1 to 1000 to 1 to 5000, are kept constantly on hand, and when cases of bruised and lacerated limbs are brought in they are at once enveloped in these solutions and the results are truly remarkable. One case is so striking as to merit special note.

A small child was brought in with his leg so mangled (bones comminuted, etc.,) that the whole surgical staff (three prominent surgeons) decided that amputation was imperative. To this the parents so strongly objected that the surgeons were forced to yield. Explaining to the parents the almost certainty that the child would die, and placing the responsibility where it rightly belonged, the limb was encased in bichloride sawdust. Presto, result! an absolutely perfect limb.

Many such cases could be cited, but suffice it to say that by the use of corrosive sublimate we can save many limbs that would otherwise be sacrificed.

In this connection it will be well to note that Dr. R. J. Levis has great faith in the potassio-mercuric iodide. He has tablets prepared of such strength that one dissolved in a pint of water gives him a $\frac{1}{12000}$ solution, which with hydronaphthol constitute his antiseptic armamentarium.

THE BENEFICENCE OF NATURE.

We are constantly reminded of the kindness of nature in various ways and of how bountifully she provides for the welfare of her children.

A most striking illustration of this fact is to be found in the case of the inhabitants of the mining borough of Shenandoah in this State. Surrounded by all or many of the elements of ill-health, containing among its crowded population a large number of Poles and Hungarians whose methods of life are insanitary in the extreme; living in a way that *ought* to make most prevalent all the filth diseases; yet these people enjoy a most wonderful immunity from zymotic diseases. At the present time, there are only four cases of typhoid fever in this town with a population of fourteen thousand, and it is the universal testimony of physicians throughout the region that infectious, zymotic diseases are very rarely met with.

At first this immunity seemed difficult of explanation, until two important points were noted—

first, the topography, and second, the water supply.

Shenandoah is located upon ground that slopes steeply away from the town on three sides, thus affording ideal natural drainage, while the water is strongly impregnated with iron and sulphur—a tonic and a disinfectant. The iron, no doubt, so tones up the system as to render it insusceptible to the inroads of zymotic diseases, while the sulphur has a disinfectant virtue.

But as there is no rose without a thorn, it is curious to learn that four-fifths of the inhabitants of this borough suffer from hemorrhoids, due, no doubt, to constipation (which exists very commonly), produced by the iron in the water.

COCAINE ANÆSTHESIA.

The beneficient properties of cocaine seem not yet exhausted, for now a New York surgeon (Dr. M. J. Roberts) tells us that he has performed two serious operations without the aid of ether or chloroform, solely under the anæsthetic power of cocaine. It seems that when the blood circulation in a part is checked or stagnated by an Esmarch or other rubber band or bandage the anæsthetic effects of this drug may be indefinitely prolonged. Imagine a boy, four years old, undergoing a most severe operation, watching intently and intelligently each cut of the knife and each vibration of the saw in his own person and smilingly meeting the eye of the operator. Does not such a picture seem utopian? Yet such was the attitude of the boy upon whom Dr. Roberts operated. If we can do away with the unpleasant features of ether and chloroform anæsthetization, and banish pain during surgical operations by injecting deeply cocaine and stagnating the circulation of a part, we have truly made a great advance.

We shall have more to say on this subject, for we have requested a prominent surgeon to put this method to test, and we will shortly publish his experience. In the meantime we will be pleased to record other observations on this subject.

THE STATE BOARD OF HEALTH.

The State Board of Health held its regular meeting in Harrisburg last week, and it is with great pleasure that we record the fact that the quantity and quality of work accomplished by this Board in the short five months of its existence is eminently satisfactory.

Our readers can congratulate their representatives in the Legislature for having voted this body into existence, and can feel assured that the body is awake and alive.

The report of the secretary, Dr. Benjamin Lee, was a surprise, in the amount of work it represented, even to the members of the Board themselves, and satisfied them that they had the "right man in the right place."

Without anticipating the "Report," which will be published in due time, and will make a goodly-sized volume of most valuable and interesting reading, we would most emphatically say that the Board is nobly laboring in the right direction, and would bespeak for it a hearty support and co-operation from all our readers.

NOTES AND COMMENTS.

Suppurating Cyst of the Broad Ligament.

Such cases will reflect so much credit upon the physician who intelligently handles them that we note this case from the *Brit. Med. Jour.*, Sept. 26:

On December 20, 1884, a woman was admitted to the hospital complaining of abdominal enlargement. The swelling first noticed in April, 1883, now occupied both iliac regions, and reached as high as the umbilicus. It was dull on percussion, and fluctuation could be felt in it. For some weeks before admission, patient suffered much from dragging and stabbing pains in the tumor, and lost flesh rapidly. She was in very low spirits, restless, pale, and careworn.

January 10, 1885. On opening the belly, a large cyst was exposed. It contained stinking pus. Several smaller cysts were tapped, clear, viscid, but not purulent fluid escaping. The tumor was situated between the folds of the left broad ligament, adhering to the great omentum, sigmoid flexure, and cæcum. A small portion, closely adherent to the sigmoid flexure, was left *in situ*. On separating the cæcal adhesions, a small abscess was opened, and a ragged ulcer, the size of a shil-

ling, exposed on the peritoneal covering of the gut, leading into a cavity in the cellular tissue behind the cæcum, from which pus welled, but between which and the interior of the cæcum no communication could be found on careful and gentle examination with the finger. Gas, however, bubbled through the ulcer. The hemorrhage was considerable. A drainage-tube was passed through the ulcer into the abscess-cavity, and secured in the abdominal wound. There was no pedicle. The incision was closed with interrupted sutures of silk-worm gut.

January 12. The wound was dressed. The discharge was considerable, and had a distinctly fæcal smell. Gas escaped through the tube.

January 13. During the night, patient experienced a feeling of something giving way. A large quantity of fæces was found in the dressing that day, and continued in decreasing quantity till January 20, when the drainage-tube was shortened. On January 30, the temperature rose from 99° to 103° Fahr., and she had several severe rigors, followed by profuse perspiration; a hard tender swelling appeared in the left iliac fossa. The belly was covered with a linseed-poultice.

February 4. Gas was still passing through the tube. The iliac swelling was painful, but not increasing in size.

February 15. The wound had healed, and the swelling in the iliac region was slowly decreasing.

March 1. The patient was discharged cured.

Arsenic in Malarial Fevers.

Tomasi-Crudelli's utterances on this subject have induced Dr. James H. Parkinson to look into the question, and he tells us in the *Pacific Med. and Surg. Jour.* for September that the results have been very gratifying. The drug has been administered in solution, the preparation usually employed being the liquor arsenici chloridi, U. S. P., with occasionally the liquor potassæ arsenitis, the dose ranging from 1 to 6 ms. every three or four hours, but not exceeding a quantity of 36 ms. in twenty-four hours. It has been given in combination with tr. nux. vom. ms. 3 to 12; vinum ferri. ms. 5 to 15; tr. cinchon. co. ms. 5 to 15; tr. ferri. perchlor. ms. 5 to 15. Syrup and glycerine being used as the vehicles, with occasionally the elixirs of taraxacum, gentian, and calisaya. These last were more frequently added to produce the moral effect of quinine than for any other purpose, and he does not suppose that their presence, or that of the tincture of cinchona, will be considered to have materially influenced the result. Assuming that in the majority of cases quinine and arsenic possess equal antiperiodic powers, some decided points of superiority must be proved, to claim a preference for either. Convenience in administration, and the absence of that undisguisable bitterness which to many makes quinine so nauseous, gives arsenic a decided advantage. Children will take it readily, and their well-known tolerance of the drug makes it the most useful remedy for malarial fevers in early life. With adults, particularly women, this tastelessness is often a matter of importance, and if treatment is successful, the opprobrium attached to so-called "allopathy" is correspondingly diminished. Cheapness is also an element of consideration. The price of a four- or six-ounce mixture containing one dr. of quinine ranges from $1 to $1.25, which is practically equivalent to the daily pay of the ordinary laborer, and as the cost can be reduced at least one-half, the change, equal results being obtained, will be regarded as eminently desirable. The facts that arsenic is usually more readily borne by an irritable stomach, and will often be retained during the pyrexial stage, when quinine is rejected, are important. In remittent fevers it must be considered the most desirable febrifuge. The objections which are urged against quinine by specialists in the department of aural surgery deserve to be taken into account, and the positive assertions by eminent authorities, drawn from their extended experience, should receive due weight. Patients often assert and maintain with perfect conviction that the beginning of impairment in one or both ears was distinctly traceable to large doses of quinine, or its prolonged use in some obstinate intermittent.

A Singular Accident.

The following rather curious case is related by Dr. A. A. Hamilton in the *Indiana Medical Journal* for September, 1885:

"One Sunday in July last, a young man, a farmer, aged eighteen or nineteen, was quietly resting upon a lounge in his father's house, sleeping, perhaps, or dozing. While thus reposing at full length upon his side, another young man approached the sleeper, and in a playful manner gave him a box or blow upon the side of his head over the right ear with his open hand. An uneasy sensation, with slight pain, was experienced for a few moments, but this feeling soon disappeared, and the occurrence was, in a manner, forgotten for some three or four days, when it was noticed that there was a slight discharge from the injured ear, together with some difficulty of hear-

ing on that side. He thereupon presented himself at my office for examination. Suspecting the character of the trouble to be rupture of the membrana tympani, resulting from concussion or sudden compression of the atmosphere, I directed him to gently inflate the middle ear by Valsalva's method, whereupon the exit of air could be both heard and felt. He was then directed to carefully abstain from further efforts at inflation, and to remain as quiet as possible, in hope that the torn membrane would reunite. This it has failed to do, however, thus far."

Nitro-glycerine for Hiccough.

This explosive remedy has come to be regarded as a real addition to our materia medica. In the *American Practitioner* for September, Dr. O. T. Schultz reports the case of a man affected with fibroid phthisis and angina pectoris, who was troubled with persistent hiccough lasting some ten days and resisting all treatment. His condition becoming critical nitro-glycerine (one drop of a one per cent. solution) was given at 8 a. m. on the tenth day, and repeated at 9 a. m. A moderate degree of bursting headache set in immediately on swallowing the dose, the hiccough became easier and rarer, and by 9:30 o'clock had ceased entirely. The medicine was continued every two hours. At 2 p. m., after drinking a glass of iced milk, the spasms again appeared, but yielded quickly to a new dose. During the afternoon and the night there was only an occasional hiccough, but on the eleventh day a short attack appeared at 2 and 6 p. m. The medicine was steadily continued. The spasmodic movements now ceased entirely. On the twelfth day an occasional dose of the nitro-glycerine was exhibited, and a tonic of iron, muriatic acid, quinine, and nux vomica begun; on the next day the former was dropped entirely.

Typhoid Fever.

As affording some valuable data for prognostic and diagnostic purposes, we made the following abstracts from Dr. Edwin T. Doubleday's paper in the *Medical Record*, November 7, 1885. The number of cases observed was 178. Relapse occurred in 33 cases; more than one relapse in five cases; in 9 of these cases the cause was sitting up too early. Diarrhœa occurred in 115 cases; eruption in 96; epistaxis in 57; delirium in 46; bronchitis in 19; phlebitis in 6; abscess in 7; otitis media suppurativa in 3; general furunculosis in 8; intestinal hemorrhage in 12; cystitis in 3; retention of urine in 22; albumen, hyaline and granular casts, in 13; albumen, without casts, in 13; lobar pneumonia in 7; temperature reached 107° in 4 cases; in 11, 106°; in 46, 105°. Quinine alone was used in 46 cases, 43 recovered; antipyrin alone in 12 cases, 11 recovered; kairin alone in 3, 2 recovered.

The Treatment of Lupus by Parasiticides.

Before the last meeting of the American Dermatological Association Dr. White read a paper on this subject in which he sketched the recent developments in our knowledge which established the common and bacillous origin of tuberculosis, scrofulosis, and lupus, and the rational attempts which have followed to overcome the latter phase of the disease by the external use of parasiticides. He reported the results of these methods in twelve cases of the disease which had been under his observation during the past eighteen months. From these experiments he concluded that we may probably be able to substitute for the painful and unsatisfactory surgical methods hitherto employed against the disease, such very simple applications as are capable of destroying the bacilli in the lupus tissues. Among the most promising of these, in his experience, were corrosive sublimate and salicylic acid.

Sulpho-Carbolate of Soda in Lichen.

To a recent meeting of an English medical society Dr. Mackey showed a case of lichen urticatus in a baby fifteen months old, who had a papular pruriginous eruption, with patches like nettle-rash, the day after lymph had been taken from his arm after vaccination at three months of age. Another child, with precisely similar history, had attended hospital on the same day; neither child had been free from eruption since its commencement, but they were only just presented for treatment, and were improving under sulpho-carbolate of soda. Another case of lichen circumscriptus, in a girl, was remarkable for the size of the papules, its resemblance to psoriasis in parts, its relapsing character, and the dusky color of the general surface associated with such relapse.

Electrolysis in Port Wine Mark.

Dr. Hardaway read a paper on this subject at the last meeting of the American Dermatological Association, in which he stated that, in the treatment of this malady, the object was to excite sufficient inflammation to cause occlusion of the ves-

sels. Electrolysis seemed to be the most convenient way of doing this. At first, he had used a bundle of needles, but after their use the reaction was too violent, and there was also a great tendency to keloidal development, so that he now employed only the single needle. It is important to allow a period of some weeks to elapse between the operations. The histories of three cases were given, in which this method had been employed. In two, the result was very gratifying; in the third, but little was accomplished.

Vaccination for Whooping-Cough.

This measure, empirically proposed many years ago, has been revived by Dr. F. W. Entrikin, who, in the *Cincinnati Lancet and Clinic*, says:

"I have vaccinated for this purpose several hundred children, and almost always with happy results, usually a speedy cure. During the many years I have been familiar with the practice, I have seen no reason to discard it. I have frequently seen it recommended in medical journals. I think it best to give the usual treatment until the febrile stage has passed, then vaccinate. The new disease set up by the virus will then usually arrest the nervous and other distressing symptoms."

Tubercular Nephritis.

While it will be always difficult to make the diagnosis of this condition with any absolute degree of certainty, yet we are justified in suspecting its existence when, to a tubercular heredity, we have added the symptoms which Dr. J. A. Hobson reports as occurring in a boy aged 13 (*Cinn. Lancet and Clinic*, Oct. 17). His trouble commenced with nocturnal incontinence, and for two years ran a downward course (with decided remissions), the urine being scanty, purulent, low specific gravity, and containing albumen, until, finally, a short time before death, nothing but pure pus was passed. The autopsy revealed absolute destruction of all the tissues of one kidney and numerous tubercular deposits in the other.

Salicylic Acid in Urticaria.

Lassar (*Monatshefte f. Prakt. Dermatologie*) reports the case of a man, who had for six years been subject, at various intervals, to the most severe attacks of general urticaria, involving even the mucous membranes, and accompanied by general malaise and febrile disturbance where the salicylate of sodium treatment was followed by very beneficial results. The patient was apparently otherwise healthy, and no cause could be assigned for the trouble. The drug was administered in twenty-four-grain doses at the onset of each attack, and repeated every two hours until two more doses were taken. The attacks were thus cut short and much reduced in frequency.

Some Wisdom About Coughs.

Dr. J. Milner Fothergill concludes an article in the *Med. Record* on "cough," by very wisely saying that the physician must observe and reason upon the cause of the cough, what it accomplishes, and how it affects the patient, before proceeding to deal with it. Some cough is useless, because ineffective, and needs some stimulating expectorant to render it efficacious — a very common affair; some cough is useless from every point of view, and so requires a sedative; and here the physician must decide in each case which is the lesser of two evils—the cough, or the sedative.

The Treatment of Earache.

How often do we hear one recommend laudanum and sweet oil for earache. We will not be so apt to use it when we learn that Dr. Norman Chevers (*London Med. Times*, Sept. 10,) says that it acts like liquid fire upon the sensitive mucous membrane. He always uses pure opium rubbed up with olive oil. The application of two or three leeches precisely in the cleft between the mastoid process and the ear, and the free use of steaming by means of a jug of hot water and a towel, will, he believes, nearly always render incision needless.

Glycerin in Dryness of the Tongue.

The annoying dryness of the tongue and pharynx, so common in acute febrile diseases, according to Cotter may be relieved by brushing pure and undiluted glycerin over the affected parts. The great thirst ceases, and the patient's condition is made more comfortable. It is probable that glycerin stimulates the secretion of the salivary glands, and thus acts as a solvent for the inspissated material accumulating upon the buccal mucous membrane in cases of this kind.

Opium Poisoning.

The *Union Médicale* reports a case where an individual took two ounces of the officinal laudanum and evinced all the symptoms of profound intoxication by opium: coma, scarcely perceptible pulse, faint and slow respiration, coldness, and cyanosis. Atropia, electricity, friction, and all

other usual means proving in vain, recourse was had to inhalations of nitrite of amyl, whereupon at once amelioration set in, finally ending in the patient's rapid and complete recovery.

Aseptol.

From the Philadelphia *Med. Times*, July 11, we learn that M. Serran has directed attention to this substance. It is a liquid of a rose-color, and is also called "acide orthoxphenyl-sulfurex." It is an antiseptic three times as strong as carbolic acid, and it has no disagreeable odor. It may also be given in quite considerable doses by the stomach without any danger. It is also very soluble in water, and destined, it is thought, to replace carbolic acid in most of its uses, especially for internal administration.

For Dyspepsia.

M. Germain Sée, in *L'Union Med.*, gives us the following:

℞. Tr. hyoscyami,
Tr. conii, āā ʒijss.
Tr. gentiani, ʒjss.
Sp. anisi, gtt. x. M.

S.—Ten to thirty drops at each meal in painful dyspepsia and in cancer of the stomach.

Nephrolithotomy.

From our English exchanges we learn that on September 16, Mr. Victor Horsley removed a stone weighing two ounces and a quarter from the kidney of a middle-aged woman. Symptoms of renal calculus had been present for four years, and after the operation, the urine, which had been fetid, became normal. The whole of the wound, with the exception of the track of the drainage-tube, healed by first intention within five days.

A Remedy for Hay Fever.

℞. Acidi boracici pulv., ʒss.
Sodii salicylatis, ℈ij.
Cucaini hydrochlor., gr. ij. M.

S.—A small quantity puffed into the nostrils by means of an insufflator.

This remedy Dr. John Philpots says, in the *Brit. Med. Jour.*, August 29, is also quite capable of preventing coryza if used at the onset of the attack, *i. e.*, the sneezing stage.

Antipyrin in Hectic Fever.

There seems to be no question as to the power of antipyrin to reduce temperature, but some of our observers incline to think that it fails in its power to keep it down. Dr. MacAlister reports in the *Brit. Med. Jour.*, September 26, two cases of hectic fever in phthisis, wherein the temperature was elevated in the evening to 102° and 103°. Fifteen-grain doses administered twice in the course of the afternoon served to keep it down.

Special Report.

PROGRESS OF OTOLOGY.

Continued from Report of Medical and Surgical Reporter April 18, 1885.

BY LAURENCE TURNBULL, M. D.

Aural Surgeon Jefferson Medical College Hospital.

(*Continued from page* 578.)

On the Use of the So-called Calcium Sulphide. Dr. Sexton* exhibited a former patient, now a waiter at the hotel, who had been suffering from mastoid disease in consequence of chronic suppurative otitis media complicated with ozæna.

In this case a natural opening formed, the remnant of which still showed in a dent in the bone, and he had kept this open until the discharge ceased. For treatment he had only given calcium sulphide.

In a very large number of cases of aural diseases in general, and of the mastoid in particular, he found no occasion for trephining the mastoid. He relied especially on the calcium sulphide.

If this remedy has proven unsuccessful in the hands of some of the members, it was because too large doses had been given. The dose should never exceed one-tenth of a grain. Of late he does not apply leeches. He calls attention to the frequency of pus burrowing through the posterior wall of the meatus, and he tried to favor this process and removed sequestra as soon as possible. He does not consider pain so important in regard to indications for operative interference; there is other evidence needed. Moreover, the pain is not confined to the mastoid; oftener the side of the tympanic cavity is the seat of pain, more than in any nerve distribution in the mastoid cells.

Dr. Gruening remarked, "that in the case shown by Dr. Sexton is was not the sulphide of calcium, but nature, to which the recovery was due, and in order to be consistent with this theory, in place of keeping the opening made by nature open until the discharge had ceased, he should have endeavored to close that opening."

Dr. Bartlett said that sulphide of calcium was contra-indicated in such cases, because it accelerated suppuration in every part of the body where it might be going on.

Our own experience with this agent, the so-

*Transactions of the American Otological Society, 1884

called sulphide of calcium, or more properly, sulphuretted lime, in mastoid disease, has been perfectly negative. In one case we administered one hundred pills, from $\frac{1}{8}$ to $\frac{1}{4}$ of a grain, without the slightest results—no diminution of discharge, no relief of pain, nor of the constant dizziness. In another case, I reduced the dose to $\frac{1}{6}$ and $\frac{1}{10}$ of a grain, and continued its use without any good results. After treating a large number of cases, with the experience of many years, I believe that it is best to open the mastoid in every case in which we are reasonably certain that the cerebral disease is due to caries or the retention of pus in the mastoid antrum or the mastoid cells.

Acute Catarrh of the Middle Ear and Acute Suppuration of the Organ. By Dr. Wm. Cheatham, of Louisville.*

For the relief of acute inflammation of the middle ear, the author recommends the old remedy of the use of hot water by the fountain syringe or douche, the point of the tube passing well into the ear. He cautioned his hearers against the use of poultices.

In the report there has been no regard as to whether there is perforation or not.† This is a very important matter, and a continuous powerful stream of hot water from a fountain syringe placed at an elevation would be very disastrous to a delicate membrane, while gentle irrigation with some mild detergent or sedative yields better results in our hands; indeed, it is always well to incorporate a saline or a small amount of carbolic acid in the treatment of such cases.

A recent Italian writer, E. Gianpetro, advises the following treatment in "suppurative middle otitis, with perforation of drum membrane:"

℞. Acid carbol. cryst., ℥ss.
Aqua dest., f℥iij. M.
Signa—Keep in a flask for external use.

By appropriate tube, at every irrigation, not less than a quart of the solution should be used, and its application should be made morning and evening. Immediately after the use of the douche three or four drops of the following mixture should be dropped into the middle ear:

℞. Glycerine puræ,
Iodoformi, āā ℥ss.

After cure of the suppurating process, cicatrization of the tympanic membrane should be promoted by painting the margin of the perforation with iodized glycerine, tincture of benzoin, or with the following mixture:

℞. Ol. terebinthinæ, ℥iv.
Iodoformi pulverat., gr. xv. M.
Signa—Apply to the margin of the perforation with a brush.

Should all effort to cause cicatrization be fruitless, resort should be made to the application of an artificial tympanic membrane.*

Inflammation of the Attic of the Tympanum. Dr. S. Sexton considered the disease under two headings: acute and chronic inflammation of the attic or upper part of the tympanic cavity. The moment there are symptoms of purulency Dr. Sexton gives the calcium sulphide. To relieve pain he employs aconite or pulsatilla. He also feels certain that the sulphide of calcium, when given alone, would relieve pain. The chronic forms presents itself as deep sinuses, containing polypoid tissues, crusts, pultaceous matter leading from the inner end to the attic, on to the antrum of the mastoid, and sometimes through the membrana flaccida.

For treatment of the chronic form, Dr. Sexton relies upon drainage and the employment of such constitutional remedies as tend to check inflammation, as mercury, etc.

Dr. D. B. St. John Roosa, of New York, said: "He had used mercury in doses of $\frac{1}{10}$ to $\frac{1}{5}$ grain, and also sulphide of calcium, but without any favorable effect. He considers a warm room, good nursing, taking care of the bowels, and local measures, as the most important, while the external treatment may be of expectant nature." This is our own experience. Dr. Sexton, we think, has gone over to the homœopathics in his views.

Dr. W. W. Seely, of Cincinnati, condemns the slurring of cases of chronic otitis medea catarrhalis by specialists in various ways, as by putting the catheter of the balloon in the hands of the patients; this should not be done unless the patient fully understands the use of it, and is a great distance from an expert.

The doctor stated that salves have almost quite supplanted all other applications for nasal and naso-pharyngeal trouble. We do not think this is the case, as the nasal syringe, and with us the spraying can be better applied than any form of ointment. We are glad to see a general expression of the importance of attention to the bowels,† and the hygienic portion of the treatment (see

*Report of the Kentucky State Medical Association.

†Medical News, July 8, 1885.

*Gazette degli Ospitali, June 24, 1885. Med. News, August 25, 1885.

†Aperient Mineral Waters in Diseases of the Ear. The Therapeutic Gazette.

page 99 of the author's* work): "In severe catarrhal inflammation of the middle ear the bowels will frequently be irregular, and the patient feels much relieved when their action is promoted by laxatives, or stronger saline purgatives, suited to the circumstances." The regular use of mineral water, especially when indicated by constitutional ailments, is likewise attended with benefit, and I have derived very satisfactory results from the use of the water of the spring of "Friedrichshall." Other aperient waters I have employed in special cases with success, as Oak Orchard, Congress, Bedford, and the sulphur waters of this country; also the Bohemian and other waters containing sulphate of magnesium; but, like my friend Dr. Ernest Hart, and Prof. Henry Thompson, I find that while mineral waters containing the sulphate of magnesium are very useful as a purgative, that they are deficient in some of the most important qualities of a saline alterative, owing to their deficiency in chlorides. The great advantage of the Friedrichshall water is that it will not irritate the bowels, nor is it at all necessary to increase the dose; it retains its activity, and the dose can even be slightly diminished and yet retain its laxative character.

The question may be asked, How does the Friedrichshall water act in diseases of the ear? In all acute and chronic affections of the ear the general health is more or less impaired, and to relieve this, the health must be restored to its normal condition, and not until then, can the local disease be treated with success. Now, we know this from the physiological action of Friedrichshall water by the careful investigations of Prof. Mosler,† on the effects of the different doses of the water upon the frequency of the pulse, and respiration, temperature, and weight of the body, the evacuations, the specific gravity, reaction of the urine, etc. His conclusions in brief are as follows:

"Friedrichshall water improves the general health, increases the appetite, relaxes the bowels and the urinary secretions, and carries off waste products."

Von Mering, of Strasburg, has found, by an exhaustive examination, that this water has a remarkable depurative influence in promoting tissue changes in the body, and in all chronic affections of the ear there is almost always a deviation from the normal condition in the skin, mucous membrane of the middle ear, and the fibrous and nervous tissues. In a considerable number of cases of tinnitus aurium, caused by an excess of blood in or about the ear, involving the labyrinth, which has received the term plethora, I have found the Friedrichshall water a most admirable remedy, provided the individual gives up all stimulants and persists in the prolonged use of this agent. It also acts on the local catarrhal conditions which produce deafness, in which the pathway to the middle ear is involved, and in which there is frontal headache and a more or less copious naso-pharyngeal secretion blocking up the Eustachian tubes.

In the so-called torpid form of scrofulous disease of the ear which produces deafness by swelling of the glands in and about the ear, with more or less otorrhœal discharge and eczema, I have treated chronic cases by moderate doses of the water for weeks, with out-door exercise and good diet. Local treatment has also to be employed, such as weak solutions of nitrate of silver, lead, and zinc, ointments of yellow oxide of mercury and oil of tar.

Cocaine in Ear Disease. Dr. E. E. Holt was satisfied that "while cocaine relieved the pain and for a while held the inflammation in check, after its effects passed off the inflammation goes on unabated, even loss of hearing seems to be more intense." It is no doubt true that for a certain time, say from one hour to three, the pain is less and the blood is driven out of the inflamed part. This will become a permanent result if we associate or follow up the treatment by means of morphia, quinine, and mercury.

Mode of Testing the Acuteness af Hearing. Bazold, in a recent article in the last number of the *Zeitschr. für Ohrenheilkunde*, has stated "that ordinary speech and still more the whispered voice are in his judgment the best hearing tests at our command." We are of the opinion that to the voice test should be added in all cases a loud ticking watch or small watch-like clock, one of which we now use, standing on a solid basis in our office, of a definite standard; while in rare or obscure cases, we resort to the acoumeter, tuning-fork, and steel rods of König.

*Imperfect Hearing and Hygiene of the Ear, p. 233, third edition. J. B. Lippincott & Co., Philadelphia.

†Archiv. des Vereins für gemeinschaftliche Arbeiten. Pamphlet, pp. 16. London, 1885.

—The Lima medical journal, *El Monitor Medico*, states that, though the sanitary regulations of Peru are pretty complete, it is practically impossible that they can be acted up to. Indeed, Callao, which is the main port of the country, and, therefore, the spot which it is the most important to guard efficiently against the ingress of infection from outside, possesses no sanitary guard and no sanitary service boat.

CORRESPONDENCE.

Maggots in the Ear.

EDS. MED. AND SURG. REPORTER:—

I noticed in your journal of October 24 an article on "Maggots in the Ear," which reminded me of a case I saw last July. It is interesting as an example of rapid propagation of insect life. A young woman came to my office early one morning and said that while she was at work about the house the evening before about 9 o'clock, a common house-fly flew against her ear and crept into the meatus before she could prevent it. It caused her intense pain for about an hour, when some of the family succeeded in getting it out. She went to bed, but toward morning was aroused by a painful buzzing or roaring sound in the ear, which became gradually worse until she came to me. On examining the ear, I found dozens of white maggots, $\frac{1}{12}$ to $\frac{1}{10}$ of an inch long, creeping about, while the stench which emanated from it was equal to that of putrefaction. I injected a carbolic solution, which brought them all away in a few minutes, and there was no more trouble. Not more than nine hours had elapsed from the time the fly first entered till I saw the patient.

T. CUMBERLAND, M. D., C. M.

Ft. Gratiot, Mich., November 6, 1885.

NEWS AND MISCELLANY.

Prevention of Bad Teeth.

A foreign exchange says the troubles which arise from disease of the teeth, or from their loss, are not always directly referable to their cause. When actual toothache is present there is of course little doubt, and the remedy of extraction at once presents itself. At the same time, it must be remembered that the forceps does not undo the work of disease or make amends for its ravages. A jaw which has lost the best part of its function with its teeth, or which bites unequally with the scattered survivors of its former armament, is but a deceitful guardian of the passage to the stomach; while it seems to do duty in mastication, it passes intact much that is unfit for the immediate action of the gastric juice. Were the relationship between bad teeth and dyspepsia, with its consequent discomforts, better understood, we should probably hear less of the prevalence of dental caries. Greater attention would then be paid to the small organs whose obscure influence on the general health so fully justifies their preservation. Specific constitutional disease, drugs, and other special factors no doubt account for a certain amount of dental decay. Neglect, however, accounts for much more. Want of care in choosing food, and particularly in cleansing the teeth, has nearly everything to do with the dental worries of a great many people. A point well worthy of note in this connection is that most of the permanent set of teeth come into active operation during childhood or early youth. It is hardly to be expected that children, if let alone, will pay much attention to the state of their mouths, unless driven to notice an aching stump. Thus it happens that most children have lost one or several teeth before they are well into their teens. Here, then, there is need for parental supervision. Mr. W. M. Fisher, of Dundee, has been led by certain observations, which proved the defective condition of the teeth in a majority of school children, to suggest that some regular system of supervision by a dentist be adopted as a part of school management. The expenses he would have defrayed by the parents, or, should they be too poor, by the State, out of the education grant. This plan has actually been adopted in the parochial school at Anerley, in Surrey. We have long been of opinion that it would be most desirable if the health of children in all schools could by some plan be periodically passed under review by a medical inspector. The possible obstacle to such an arrangement would be the expense. This may not prove insuperable, and if it do not, we may hope that this method, and also some plan of dental supervision, may find their place among the recognized forms of school discipline.

Floral Courtship in Japan.

The *Popular Science News* tells us that an English traveler says that among the Japanese the love of flowers and young plants is an absorbing passion. In the smallest of dwellings, there is an altar-like niche, in or upon which flowering plants are arranged. But they have in some districts a most remarkable custom in connection with window-gardening.

In houses wherein reside one or more daughters of a marriageable age, an empty flower-pot of an ornamental character is encircled by a ring, and suspended from the window or veranda by three light chains.

Now, the Juliets of Japan are, of course, attractive, and their Romeos as love-sick as those of other lands. But instead of serenades by moonlight, and other delicate ways of making an impression, it is etiquette for the Japanese lover to approach the dwelling of his lady bearing some choice plant in his hand, which he boldly, but let us hope reverently, proceeds to plant in the empty vase. This takes place at a time when he is fully assured that both mother and daughter are at home, and of course neither of them is at all conscious that the young man is taking such a liberty with the flower-pot outside their window. It is believed that a young lover so engaged has never been seen by his lady or by her mamma in this act of sacrilege; at any rate, our traveler says that, during his long residence in Japan, he never heard of any one being detected in the act, or interfered with in any way.

The fact is, this act of placing a pretty plant in the empty flower-pot is equivalent to a formal proposal to the young lady who dwells within. The youthful gardener, having settled his plant to his mind, retires; and the lady is free to act as she pleases. If he is the right man, she takes every care of his gift, waters it, and tends it carefully with her own hands, that all the world may see and know that the donor is accepted as a suitor; but if he is not a favorite, or if stern parents object, the plant is removed from the vase, and the next morning finds it withered on the veranda, or on the path below. In a word, if

you are not the right man, it is quite evident that this phase of window-gardening must be a difficult and disappointing one to carry on in Japan.

Hydrophobia Inoculation.

Last week we briefly noted some of Pasteur's results. We now read that the Paris correspondent of the *London Medical Times*, October 31, 1885, thus writes:

M. Pasteur has communicated to the Academy of Medicine and the Academy of Sciences the results of his latest experiments upon the prophylaxis and cure of rabies, together with the account of a case observed in the human subject. M. Pasteur now adopts the following method: A rabbit is inoculated with a fragment of the spinal cord of a mad dog. The animal is affected with hydrophobia in the space of about one fortnight. A portion of its spinal cord is employed to inoculate a second rabbit, which also contracts the disease, but more rapidly; the spinal cord of this second rabbit serves to inoculate a third, and so on. It is observed that at each step of this process the intensity of the disease becomes greater, and the period of incubation shorter. When the spinal cord of these animals, which have died of hydrophobia, is suspended in a perfectly dry tube, its virulence diminishes by degrees, and at last disappears. A collection of these spinal cords, some of them entirely stale and powerless, others more fresh and active, others again quite fresh and extremely active, are always kept in readiness. To render a dog insusceptible of rabies, he is first inoculated with the stale and powerless specimens, then with fresher and more active ones, and lastly, with the most powerful of all, when he becomes quite proof against the inoculation of rabies. Lately, a young boy, nine years of age, Joseph Meister, was brought by his friends to M. Pasteur's laboratory. He had been most severely lacerated by a mad dog, having fourteen bites in different parts of his body. M. Pasteur, in presence of the almost absolute certainty of death, inoculated the child according to his system; the first inoculation was made with a spinal cord fifteen days old on the 6th of July, sixty hours after the child had been bitten. Similar inoculations with virus of constantly-increasing intensity were made up to the 16th of July, when the spinal cord employed was quite fresh. The child having, up to the present time, four months after the accident, exhibited no symptoms of hydrophobia, is considered as radically cured by M. Pasteur, and he has already recommenced the same method of treatment upon a young shepherd, who, in defending other boys, was cruelly bitten by a mad dog, which he killed upon the spot. The results of this new experiment will be communicated by M. Pasteur in due time to the Academy. With respect to the first patient, it must be remembered—(1) That sixty per cent. of people bitten by mad dogs do not contract hydrophobia. (2) That the incubation of the disease is sometimes extremely long (cases have been known to occur two years after the bite). The experiment is not, therefore, absolutely conclusive, although it marks a great progress in the history of the disease, and justifies in some measure the enthusiastic applause with which the communication was received.

Human Electrotypes.

M. Kergovatz, a chemist of Brest, has, says the *Scientific American*, proposed a new method of disposing of the human body after death, which he considers preferable in every way to either burial or cremation. His system is an antiseptic one, much simpler and less expensive than the old process of embalming, and is nothing more than a new galvano-plastic application. The body is coated with a conducting substance, such as plumbago, or is bathed with a solution of nitrate of silver, the after-decomposition of which, under the influence of sunlight, leaves a finely-divided deposit of metallic silver. It is then placed in a bath of copper-sulphate, and connected for electrolysis with cells of a gravity or other battery of constant current. The result is, that the body is encased in a skin of copper, which prevents further change or chemical action. If desired, this may again be plated with gold or silver, according to the taste or wealth of the friends of the dead. M. Kergovatz has employed the process eleven times on human subjects, and on many animals, and states that in all cases it was perfectly satisfactory. In spite, however, of his warm recommendation, the idea, our contemporary thinks, is repulsive. It seems a mockery to give permanence to the temple, when all that once made it valuable is gone.

Eating Glass for a Living.

Dr. C. C. Burke, of Texarkana, Tex., sends to the *Med. Record* the following curious account, for the authenticity of which he vouches: "I witnessed on our streets a few days ago what seemed to me to be an impossibility, a human being eating glass, I might say by the wholesale, I had heard of the negro before he reached our town, and I, like all others, disputed his ability to eat the glass without its doing him serious injury. When he arrived in our city I witnessed his exhibition, both in private and public, and I am now thoroughly satisfied, from careful examination of his mouth and throat, before and while eating the glass, that he eats it fairly and squarely. He is not very particular to chew it fine. I saw a piece in his mouth, after he had chewed it, one-quarter by one-half inch long, made into all kinds of shapes and sizes by crushing it with his teeth. He informed me that he had been at it for twenty years, and had never had the least discomfort from its effects. He told me that he has daily passages of glass through the bowels. He eats it in any quantity, from a small piece to a whole lamp chimney at a time, and keeps it up during the day, making his living by exhibiting his extraordinary power of eating glass."

Death Among Hæmophiles.

Dr. Emery, of Libourne, has read an interesting paper before the Société de Médecine et de Chirurgie of Bourdeaux, on "Sudden Death amongst Hæmophiles." He describes three cases. In two,

death resulted from pulmonary apoplexy; in the third it was probably due to cerebral hemorrhage, but no necropsy was made. The first patient observed by Dr. Emery was a child in arms; its mother noticed that red spots appeared on the back, the loins, and the inner side of the thighs, in fact, wherever the clothes pressed upon its body. The child frequently rubbed one foot against the other, then red spots appeared on the inner side of the feet. They were scarcer on its face and hands, but on slight pressure or friction they were readily produced. The child's health was good. Its hæmophilic condition was manifested by a series of purple spots, appearing at certain intervals, but unaccompanied by any form of suffering; its dentition passed off without any difficulty. At the age of eleven, it died, suddenly, from pulmonary apoplexy. Neither the parents nor the grandparents of the child were hæmophilic; its brothers and sisters were also free from this condition.

Foundlings at Nurse as Syphilitic Foci.

An English exchange says that at a meeting of the Moscow district medical officers, Dr. Michaeli read a paper on the effect of the system of taking in children to nurse on the health of the population of the Moscow government. From his own observations, amounting to sixty cases in the Russian quarter, and from those of the medical officers of other districts, the author had been led to the conclusion that the children put out to nurse by the Moscow Foundling Hospital acted as distributors of syphilis in all the districts into which they were sent, the death-rates of those districts being perceptibly raised thereby. Usually infection is conveyed from the child to the foster-mother, producing a hard chancre on the nipple; this is then a focus of infection for the woman's own children, and sometimes for those of neighbors, whom she may occasionally suckle. In this way the disease spreads throughout the district. The matter was discussed with representatives of the Foundling Hospital, and a set of regulations drawn up for an improved system of observation of the effects of the system on the public health. On the proposal of Dr. Miller, it was decided to try artificial feeding of foundlings in villages.

A Dutch Obstetric Charity.

The *Weekblad* publishes some interesting statistics of the Obstetric Charity at Gravenhage, which has now been nine years in existence. The confinements are as a rule attended by midwives; but in difficult cases the medical man in charge of the Charity is called in. During the whole 9 years, 13,818 cases have been attended, the doctor being called in 1,253 of these; 940 operations were performed, resulting in 16 deaths of mothers and 142 of children. The number of cases during the past 12 months was 2,204, in 362 of which medical aid was sent for, operations being performed in 127 cases, one mother and 15 children dying. The forceps were used in 73 cases, all the mothers living, and 68 of the children. There were 19 breech cases; all the mothers lived, but 4 children died. The foot presentations were 12 in number; one of the children was putrid. There were five cases of placenta prævia with no maternal deaths. There were 2 cases of triplets, in one of which a boy was born in the first cranial position, two girls following as footlings. Two placentas existed, connected together. The children were very small, and all died within a week. There were no cases of puerperal convulsions.

The Metric System.

Dr. Llewellyn Elliott publishes the following valuable rules in the *Med. Record:*

1. To convert troy grains or minims into grammes or cubic centimetres: Divide the number by 10, and from the quotient subtract one-third.

2. To convert apothecaries' or fluidrachms into grammes or cubic centimetres: Multiply the number by 4.

3. To convert troy or fluid ounces into grammes or cubic centimetres: Multiply the number by 32.

4. To convert grammes or cubic centimetres into troy grains or minims: Add fifty per cent., or one-half the number, and then multiply by 10.

5. To convert grammes or cubic centimetres into apothecaries' or fluidrachms: Divide by 4.

6. To convert grammes or cubic centimetres into troy or fluid ounces: Divide by 32.

7. To convert inches into metres: Divide by 40.

8. To convert metres into inches: Add ten per cent., or one-tenth the number, and then multiply by 36.

Ready for Business.

The *Hartford Times* says that the driver of a truck cart met a Naugatuck physician on the bridge recently, and asked him if he could remove the stump of a tooth. "Yes," said the doctor, "I have the tools right here in my buggy; I always carry them." So both teams were stopped, blockading travel on the bridge, and the doctor extracted three teeth for the driver, drawing him something less than ten feet at every pull. Quite a crowd collected, several other teams were stopped, and another man liked the appearance of the sport so well that he got down from his wagon and had one of his teeth drawn.

Canada Medical Association.

The officers for the coming year are:

President—Dr. Holmes, of Chatham.

Vice-Presidents.—For Ontario, Dr. Sloan, of Blyth; *for Quebec*, Dr. Colin Sewell, of Quebec; *for Nova Scotia*, Dr. Wickwire, of Halifax; *for New Brunswick*, Dr. Earle, of St. John; *for Manitoba*, Dr. Brett, of Winnipeg.

General Secretary—Dr. James Stewart, of Montreal.

Treasurer—Dr. Sheard, of Toronto.

Quebec was chosen as the next place of meeting.

A Brakeman's Terrible Death.

Charles Buckalew, aged 32 years, who was employed as a brakeman on the Reading railroad, while coupling cars in the freight yard recently, caught his foot in the guard rail and was unable to extricate it. Just then a freight train, which was backing into the yard, caught him, cutting

both legs off immediately below the knee, killing him almost instantly. By this accident four of the cars of the train were thrown from the track. Buckalew lived at Tamauqua. He was married.

He Removed Her Good Eye.

A terrible mistake was made by a physician recently. A young woman was suffering with an eye affection. An operation was decided upon and the patient put under the influence of chloroform, when one of the eyes was successfully removed. When the patient recovered consciousness it was found that the good eye had been removed. The physician was so overcome that he fled the house. A suit will be entered at once against him for malpractice.

Alkaloid in Pickled Cabbage.

The *Lancet* tells us that alkaloids, like dogs, appear to be having their day. M. Tuyagopu has extracted an alkaloid from pickled cabbage. The hydrochlorate of this base does not cause intellectual or sensory disturbances, but it paralyses the vaso-motor centres of the medulla as well as the cardiac fibres of the vagus. M. Tuyapogu asserts that the new alkaloid suppresses the delirium due to prolonged abuse of alcohol. This may point to a new use for pickled cabbage.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended November 7, 1885.

Urquhart, F. M., passed assistant surgeon. Upon the closure of Cape Charles Quarantine Station, to proceed to Norfolk, Va., for duty, November 5, 1885.

Battle, K. P. assistant surgeon. Resignation accepted as tendered by the Secretary of the Treasury, to take effect November 25, 1885, November 3, 1885.

Poisoned by Wild Parsnips.

We learn that three children at Shenandoah, two girls and a boy, aged 10, 8, and 4 years, recently found and ate wild parsnips, and all were poisoned, the boy so seriously that for a time his life was despaired of.

Personal.

—Dr. Robert Blake Cruice has removed to No. 114 North 18th street, Philadelphia.

Items.

—A retailer of methylated spirits in Glasgow has been amerced in 20*l.* for each offence, for having sold half a gill of methylated spirits as a beverage to two persons on the 9th of August last.

—According to Dr. Carl Seiler, some persons have a defect of smell analogous to color-blindness. One person finds that to him violets smell like garlic, everything else smelling normally.

—Tanquin, the ordeal poison of Madagascar, has been examined by M. Quinquand. It affects, in the first place, the central nervous system, augmenting especially the bulbo-spinal reflectivity. The animal dies by arrest of respiration, the heart continuing to beat.

—Dr. Normaud, in a note to the Académie des Sciences, states that the mucus of dysentery always contains a specific microbe, which has been observed by others, but hitherto not considered to be of any importance. Dr. Normand believes this organism to be an important agent in the etiology of dysentery.

—Dr. Pfitzer, of Stroppen, has remarked in two cases after the ingestion of large quantities of strawberries daily for ten years or more, the occurrence of a considerable amount of gravel in the urine, and in addition to that, minute round stones of a dirty yellow color. In one case there was also hæmaturia and polyuria.

—Out of ten ladies who completed their first year of study at the Grant Medical College, Bombay, four took prizes, and one (Miss Walke) took the second prize, having passed the second best examination, in competition with all the students of her year. There are now sixteen female students in the college.

—In a little village near Valencia (Spain), 36 persons have been poisoned by drinking adulterated wine from one tavern. They had violent colic, vomiting, and diarrhœa, which caused great alarm there. The government analyst has reported that the wine was adulterated with coloring matter and acetate of mercury(?).

—A commission, specially appointed by the Royal Academy of Medicine, has pronounced a very unfavorable opinion on the hospitals of the Italian capital. It condemns the position of all, with the solitary exception of the Hospital of St. John in Lateran; but the construction and sanitary arrangements are censured without reservation.

—The *New York Medical Journal* says that it is stated that the sanitary officials of New York do not feel authorized to issue permits for cremation until after certain necessary modifications of the provisions of the Sanitary Code have been made. In the meantime, a number of bodies are said to be awaiting cremation, being now stored in vaults in various cemeteries.

—Professor Oertel, of Munich, inventor of the method which Schweininger had so successfully applied to the Chancellor of the Empire, has set out for different places, in order to found establishments therein for the cure of patients suffering from diseases of the heart, fatty heart, obesitas universalis, etc. Baden-Baden, Ischl, the Semmering, and Abazzia on the Adriatic, are already chosen for this purpose. As climatic stations, Meran, Bozen, Gries, and others, have already been opened.

—Dr. Merle, of Vichy in a communication to the Académie de Médecine, describes what he terms biliary coniasis, or biliary gravel. Pain in the hepatic region is the most important symptom. In order to detect the presence of biliary gravel, M. Merle recommends pouring hot water on the stools; the gravel falls to the bottom; when poured into a clean receptacle and washed, it is easily recognized.